TION

BINDING

RESERVED

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC. RD. E.	matter should be carefully supplied. AGE should be stated EXACTLY. PHYSICI	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact staten	
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17. INFORMANT Seph Safel (Address) Lectusbucy M 18. BURIAL, CREMATION, OR REMOVAL Placa Miller Cemetry Oats // /2 , 1936 19. UNOERTAKER Maller y / 1557	State or country)	Where did injury occur?
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19. UNDERTAKER Walking List of	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
19. UNDERTAKER Walter of Grove Parker (Address) Way nearbore Parker (Signed) (Signed) (Signed) M. D. Registrar.		
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If more blanks are needed, address State Registrar 2411 N. Obartes Street Baltimore Requesting (1) S. No. 1	Registrar.	(Addless) (Jagus farm, M.A.

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BUNPAU V S			
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V. S. No. 1

	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	Y-W	
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STATE OF MARYLAND-	-CERTIFICATE OF DEATH 11739
1. PLACE OF DEATH	
County Washington	Registration Dist. No. 301
Village or City Weverton	No. St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Gruss a Barnhart	If U. S. Veteran, specify WAR
(a) Residence: Np.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wilowed	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, wildowed, or divorced HUSBAND of (or) WIFE of Jimrod Bambat	22. I HEREBY CERTIFY. That I ettanded deceased from
6. DATE OF BIRTH (month, day, and year) Feb. 7th 1854	I last saw h. A. alive on / D = / , 1936; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et P.m.
82 9 10 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc	1 01/ A/ A A A 3
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O 10. Data deceased last worked at 11. Total time (years) spent In this occupation year) occupation occupation	
12. BIRTHPLACE (city or town). West U.S.	Other Cuntributory Causes of Importance:
(State or country)	- District Mellila
13. NAME / Cathanul Decraft	7,00
13. NAME Rethand Decraft 14. BIRTHPLACE (city or town) (Stata or country)	Name of operation Dete of Dete of
	What test confirmed diagnosis?
E 7	23. If death was due to axternal causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide
Q 16. BIRTHPLACE (city or town) west (Stata or country)	Whare did injury occur?
17. INFORMANT Charles Barutant (Address)	(Specify city or town, county and State) Specify whathar njury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Fork Hights Runlay Date 70 20, 1936	Manner of injury
19. UNDERTAKER Of Julie 2 2011 (Address)	24. Was disease or injury in any way related to occupation of deceased?
20, FILED Nov. 19 th, 1936 Cornelius V. Castle	(Signed) / (DULLS O NOT MAN) M. D. (Address) S. A. A. A. A. C. C. A. MANY CULLA
If more blanks are needed, address State Registra.	CALLED TO SELECT THE SECOND SE

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V. S. No. 1

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PUREAU TE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			- 4

of OCCUPA-

certificate.

See instructions on back of

ITON is very important.

1. PLACE County	of DEATH asnington	-		93-0 Registration Dist. No. 3 00
Village or	City Sharps bu	deeth occurred		NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL Na (a) Reside	ence: No. Same a			St.,
PERSO	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
s. sex male	4. COLOR OR RACE white	5. SINGLE, MAR OR DIVORCE W 1 QOV	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Nov. 21,,1936,193
5a. If married, wid HUSBAND of (or) WIFE of	owed, or divorced Mary Eller			22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRT	A L H (month, day, and year)	1g, 9, 1	865	I last saw h; death is said
7. AGE 71	Years Months	12 Deys	1 dey,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9. Industry of work of SAW P 10. Date dece this or year)	MILL, BANK, etc. lesed last worked at scupation (month and	Gen Work	nime (yeers) Intin this life	Sound Dead in Dec. Should more indication of a heart condition of pressions to his Mathe
12. BIRTHPLACE (State or c				Brule heart myo-
13. NAME	Bentley Be	nner		cardial degenerations autop
	CE (city or town) M d			Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN		Heimes		23. If death wes due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN 16. BIRTHPLA (State	ACE (city or town)			Accident, suicide, or homicide?
	Bentley Be Sharpsburg	enner Md		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	arpsburg L	d_Date_Nov	. 24 ,19 36	Manner of injury
19. UNDERTAKER (Address)	Albert Lea	ort M	à	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED 16V	.23,1036 €	4/300	Registrar.	(Signed) XVIII N. D. (Address) ACANY Coor

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis [8]	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
E, REAU V. D. J			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			Person (e)

STATE OF MARYLAND-CERTIFICATE OF DEATH

should state

PHYSICIANS

D. Every item of infor-

UNFADING INK-THIS IS A PERMANENT REUPPlied. AGE should be stated EXACTLY.

ARGIN RESERVED FOR BINDING

Exact statement of OCCUPA-

properly classified.

be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

B.—WRITE PLA

V. S. No. 1

1. PLACE OF DEATH	
county VV ash: nat on	Registration Dist. No. 302
Village or City HQQQXS+0um.	No. VVash Co Itospitalst. 3 Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foraign birth?
2. FULL NAME William Henry Desa	Jor 11 8. S. Veteran, specify WAR
(a) Residence: No. VV:\\i auus yort	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5e. If married, widowad, or divorcad HUSBANO of	
(or) WIFE of Ellen -	22. I HEREBY CERTIFY, That I attended dacased from
Duril 18 - 1861	I last saw h are alive on Nov. 1) 1936 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at \\ \- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
75 6 29. 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importence ware es follows:
8. Treda, profassion, or particular kind of work dona, as SPINNER, Car Secular SAWYER, BOOKKEEPER, etc.	arteus sclerolic James octist
skind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate decaasad last workad at this accumation, month and decays and the second in this accumation, month and decays and the second in this accumation.	of it leg
10. Oate decaasad last workad at this eccupation (month and 232. spent in this yeer)	
12. BIRTHPLACE (city or town) \\\\.\\\\: Ques pat	Other Contributory Causes of Importance:
(State or country)	
13. NAME Daniel Jeseclas.	
13. NAME David Seeden. 14. BIRTHPLACE (city or town) Marion (State or country)	What test confirmed diagnosist of and was there an autopsy?
15. MAIDEN NAMENCIAL Winglield	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAMENCARY Winglield. 16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Deta of injury, 19
(Steta or country)	Where did injury occur?
17. INFORMANTO A Dra Kline- (Addrass) Williams A Language To A	(Specify city or town, county and State) Spacify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of Injury
Place Tay Ors to un. 40 Oata Mry 20, 1934	Neture of injury
19 UNDERTAKER A To Coxxman	24. Was disease or injury In eny way ralated to occupation of deceased?
(Address) + a cox sto your	If so, specify
20, FILEO (1-18-, 19 8 6 planting access)	(Signed) A A M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of emilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 7 1996	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributers of in the	
Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may

B.—WRITE PLAIN

V. S. No. 1

TIÓN is very important.

See instructions on back of certificate.

of OCCUPA-

Exact statement

1. PLACE OF DEA				93-2	-
County_ Was	shington			Registration Dist. No	302
Village or City	Hagerst	OWN		No 41 Wast Avenue	or 11 ward
		4		death occurred in a hospital or institution, give its NAME instead of stre	eet and number)
Length of residence in		eath occurred	yrsmos	ds. How long in U.S. If of foreign birth?yrs	ds.
2. FULL NAME		Biser B	etts	If U. S. Veteran, specify WAR	
(a) Residence: No.	41 East	Avenue		St., H Ward.	
PERSONAL AI	ND STATISTIC	(Usual place		If nonresident give city or to	
	OR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH	VIII
	nite	OR DIVORCE WIGOW	D (write the word)	November /7	, 193_6 (Year)
5e. If married, widowed, or div HUSBAND of (or) WIFE of	rorced Lizabeth	Betts		22. I HEREBY CERTIFY, That I et Nov. 7 19 36 to Nov.	
6. DATE OF BIRTH (month, de	ay, and year) Jar	n. 27,	1856	i lest saw h. Lun alive on Nov 16 , I	
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 7:40A m.	
80	9	21	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of important were as follows:	
8. Trade, profession, or kind of work done SAWYER, BOOKKE	particular	atimod		A teno selevoso	Date of one of
SAWYER, BOOKKE	EPER, etc.	etirea		Chrome myoroudilis	1936
Kind of work done SAWYER, BOOKKE 9. Industry or business work was done, as SAW MILL, BANK, 10. Date deceased last w	in which Heed SILK MILL, etc	d Store	Prop.	Quite dilitation Heart	11-17.36
10. Date deceased last we this occupation (myear)	onth end	11. Total t spe	ime (years) nt in this upation		
12. BIRTHPLACE (city or town	Fultor	1		Other Contributory Causes of Importance:	10.2.3
(State or country)	" Illir	nois		a war war war war war war war war war wa	
🖀 13. NAME Dani	el Betts	3			
13. NAME Dani	Unkno	own		Name of operation Name Da	ate of
(State or country)	Illin	ois		What test confirmed diegnosis? Classes Was the	
15. MAIDEN NAME AY	nna		-	23. If death wes due to external causes (VIOLENCE) fill in elso the f	
15. MAIDEN NAME AT	Burki	ittsvil	l e	Accident, suicide, or homicide? Date of injury.	
(State or country)	Md	F-414-11-4-4-	F1.94	Where did injury occur?	
17. INFORMANT Mr.	John Sun	mers.,		(Specify city or town, county Specify whether injury occurred in INDUSTRY, in HOME, or in PUB	and State) BLIC PLACE.
(Address) Hage	REMOVAL	Md.			
Place Funks to		Date NOV	19 19 36	Menner of Injury	0
				wature or mjury	1/
	W. Krai			24. Was disease or injury in any way related to occupation of decease	sed?//Q
//_ /C	2 (WII	11/4	200611	(Signed) I Wales of mello	
20. FILED. /./	192 9/1/1	11/1/	Revistrar.	(Address) 115 M. Polama	Sf.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onsot	
Arteriosclerosis DFC 7 1930	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. B.	July 5, 1927	Peritonitis	3 days ago	
	.3			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

STATE OF	MARYL	AND-CERTIFICATE	OF	DEATH	117
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County Washington						
	Village or C	ity Ernstvi	llem	Md.		No. St., I death occurred in a hospital or iostitution, give its NAME instead of street and number)
	Length of resi	dence in city or town w	here deeth	occurred	1_vrsmos	ds. How long in U.S. if of foreign birth?yrsmos
-						If U.S. Veteran apecify WAR
2	. FULL NA	Luther.	WE	owers		Ot Wash
	(a) Residen	ce: No. Ernst	ville	(Usual place of	of abode)	St., Ward. If connesident give city or town and State
		IAL AND STAT				MEDICAL CERTIFICATE OF DEATH
3. S	EX	4. COLOR OR RACE		SINGLE, MARI	RIED, WIDOWED,	21. DATE OF DEATH
1	Male	White		Single	(write the word)	November 4, 1936
	If married, widow			PIUSIE		
	(or) WIFE of					1 HEREN CERTIEN, Inti alterdad day ase
			13-71			1904,1009,100
-		(month, day, and year)	1			I last say alive on alive on 1935, death
7. A	GE Yea		IS	16	If LESS than 1 day,hrs.	to have occurred on the date stated above, et 5.5 OOAm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
	0,	ormin.				were as follows:
Z	8. Trade, profe	ssion, or particular work done, as SPINNER	2.			1/ cereorgi ae
TION	SAWYER	BOOKKEEPER, etc business in which	La	borer		Trust Thage 3
UPA	work we	s done, as SILK MILL, L. BANK, etc				7.2
OCCUPA	10. Date deceas	ed last worked at		11. Totel ti	me (yeers)	
0		pation (month and		ocau	tin this pation	
	Dipalipi can (-)	ty or town)Wa.s	hinet	on Coun	+	Other Contributory Causes of importance:
12.	(Stete or cou		Md.		Lay	-
ER	13. NAME	James Be	wers			
ATH	** DIDTHD! AAI			Of the Control		Name of operation.
FA	(State of	(city or town)	Unk	newn		What test confirmed diagnosis? Colsids Was there an autopsy?
ER	15. MAIOEN NA	ME Cucon C				23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
I						Accident, suicide, or homicide?
声	[16. BIRTHPLACE (city or town) Unknown (State or country)				Where did injury occur?	
5						(Specify city or town, county and State)
MOT		ina Coonen	-HW	oore,		Specify whether injury occurred in INDUSTRY, in nome, or in Public PLACE
MOT	INFORMANT	Tour de 133				Manner of injury
17.	INFORMANT	Ennetwill.	, Ha-			
17.	INFORMANT	Frnetville		Date_Nov	4 ,19.36	
17.	INFORMANT	Ernstville HON, OR REMOVAL Aktown, Md.				Nature of injury
17.	INFORMANT (Address) BURIAL, CREMAT Place Shall	Ernstville HON, OR REMOVAL nktown, Md.	and-F			Nature of injury 24. Was disease or injury in eny way related to occupation of deceased?
17. 18.	INFORMANT (Address) BURIAL, CREMAT Place Sh &1 UNDERTAKER (Address)	Ernstville HON, OR REMOVAL Aktown, Md.	and F	uneral		Nature of injury

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Chronic interstitial nephritis DEC 7	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
1 3, 52			o days ago	
	and a series			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH 1000 plnods Registration Dist. No. County Washington Village or City Near Clearapring No. National Highway. St.,

(If death occurred in a hoppial or institution, give its NAME instead of street and number) Jo Langth of residence in city or town whara death occurred 4 vrs mos. ds. How long in U.S. if of foreign birth? vrs. mos. ds. PHYSICIANS statement If U.S. Veteran specify WAR. Spanish America. 2. FULL NAME Finly Edward Carbaugh (a) Residence: No. Neur Clearspring, Md. (Usual place of abode) If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) November 25 Male White Married BINDING 5a. If marriad, widowad, or divorcad HUSBAND of I HEREBY CERTIFY That I ettended deceased from Lydia Carbaugh (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) properly 7. AGE Days if LESS than to have occurred on the data stated above, at 2 : 50P ... m. FOR 1 day, ---- hrs. The PRINCIPAL CAUSE OF DEATH and ralatad causes of importanca or____min. 8. Frada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... OCCUPATION RGIN RESERVED Laborer 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc..... may 11. Total tima (yaars) spant in this 10. Date dacensad last worked at this occupation (month and so that occupation 12. BIRTHPLACE (city or town) --- Fulton-Gounty-(Stata or country) supplied. plain terms, FATHER 13. NAME Unknown 14. BIRTHPLACE (city or town) Unknown Nama of operation.... (State or country) What test confirmed diagnosis? _____ Was there an autopsy?___ carefully MOTHER 15. MAIDEN NAME Clara Carbaugh 23. If death was due to external causes (VIOLENCE) fill in also the following: important. in 16. BIRTHPLACE (city or town) Fulton County..... Accident, suicida, or homicida?. DEATH (State or country) Where did injury occur? pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT Mrs. Lydia Carbaugh plnous OF (Address) Clearapring Md. 18. BURIAL CREMATION, OR REMOVAL WRITE VUSE tion Place Sharpsburga Md. DataNov. 28, 19.36 24. Was disease or injury in any way related to occupation of dacaesed? 19. UNDERTAKER Snyder-Rowland Funer 1 Hore (Address) Clearanring If so, specify Registrar

If more blanks are needed, addre

State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

S. No. 1

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	Example I		Example II		
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	7 0	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephr		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	DEC 7 1930	July 5,1927	Peritonitis	3 days ago	
	DIREAD V. S	. A			
Other contributory car	uses of importance:	and the second	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
			•		

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

D. Every item of infor-

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11746
1. PLACE OF DEATH	(59)
County Washington	Registration Dist. No. 3 0 2
Village or City 74 uganoun (I	No. Washing long to the MAME interest of street and number) Ward feath occurred in a hospital of institution, give its NAME interest of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sallie Bell Ca	. If U. S. Veteran, specify WAR.
(a) Residence: No. 3 W. Attietam (Usual place of abode)	St., 2 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, hat I attended deceased from
abaid 15 1874	I lest sew have alive on 11/2/ 1836: dasth is said
6. DATE OF BIRTH (month, day, end yaar) 7. AGE Yeers Months Deys If LESS than	to heve occurred on the date steted above, at 8.24m.
62 7 6 1 dey,hrs.	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Diabetis Mille res 2-18 gran
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occuration (month and spent in this securation (month and spent in this	
10. Date deceased last worked at this occupation (month and span) occupation	
12. BIRTHPLACE (city or town) Hagersform	Other Contributory Causes of importance: 12 hour
(State or country) mg	from Bourlo
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	Whet test confirmed diegnosis? I Was there an autopsy? 200
16. BIRTHPLACE (city or town)	23. If daath was due to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Steta or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Seo. W. Smith	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVE	Manner of injury
Place A a gerstown Deta /24, 19.3	Neture of Injury
19. UNDERTAKER & M. Suter & Son	24. Was disease or injury In any way related to occupation of deceased?
20. FILED. 11 - 24-, 1986 (hasf & seece	(Signed) Letter Duelle R. M. D. M. D.
Registrar.	(Address)
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	i i	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
DEC 1/ 1990				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

-WRITE

V. S. No. 1 Ä ż

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	I MAIN	ILAND	——————————————————————————————————————
County Washington			Registration Dist. No. 302
Village or City Hagersto			No.415 George Street St., Sward f death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residance in city or town where	death occurred 20	yrsmos	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John	Elmer Co	rder	
(a) Residence: No. 415 Ge	orge Str (Usual place	eet of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
Male White		RIED, WIDOWED, O (write the word) E	21. DATE OF DEATH November 11, 193 6. (Month) (Oay) (Year)
5a. If marriad, widowed, or divorcad HUSBANO of (or) WIFE of			22. I HEREBY CERTIFY, They bettended daceased from
6. DATE OF BIRTH (month, day, and year)	ctober 3	, 1886	I last saw h_/ 1 alive on
7. AGE Yaars Months 50	Days 8	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 3:15A m. The PRINCIPAL CAUSE OF DEATH and related causes of importence ware es follows:
8. Treda, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Laborer		Neflintes (Quine ?
10. Oate deceased last worked at this occupetion (month and year)		ma (yaars) It in this Ipation	
12. BIRTHPLACE (city or town) Washing (State or country) Md.	gton Cou	nty	Other Contributory Causes of importance:
I 13. NAME Bailous Core	der		1/ Vogerlan Arceana
14. BIRTHPLACE (city or town) Fron (State or country) Va.	t Royal		Name of operation Date of What tast confirmed diagnosis?
15. MAIDEN NAME Fannie	Rohrer		23. If death was due to external causes (VIOL ENCE) fill in also tha following:
15. MAIDEN NAME Fannie Rohrer 16. BIRTHPLACE (city or town) Washington County (State or country)			Accident, suicide, or homicide?
17. INFORMANT Mrs. Fannie Corder (Addrass) Hagerstown, Md.			(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Placa Hagerstown, Mo		14 ,1936	Manner of injury
19. UNOERTAKER Fred W. Kra (Address) Hagerstown 20. FILED // 19.3		H3pcver	24. Was disease or injury in any way related to occupation of deceased? If so, spacify (Signed) M 0.

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Chronic interstitial nephritis DEC 7 1930	1921	Run over by street car .	1 week ago	
	July 5,1927	Peritonitis	3 days ago	
DUKEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar 2411 No Charles Street, Baltimore, Requesting U. S. No. 1.

If nonresident give city or town and State Oate of onset (Specify city or town, county and State)

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Chronic interstitial nephritis DEC 7 1996	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.	981			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

Date of onset

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

nfor- state JPA-	STATE OF MARTLAND	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	30
occ	County Washington	Registration Dist. No.
item shou of O	Village or City Hagex Stoum	NHI Reynolds An st., 2 w
. 70		death occurred in a hospital of institution, give its NAME instead of street and number) ds. How iong in U.S. if of foreign birth?
Every MANS	100 110	
D. Every		n & Y If U. S. Veteran, specify WAR
YS	(a) Residence: No. 171\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	St., Ward. If nonresident give city or town and State
PHY act st	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RE. PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
5.7	Fernal White Signification word	(Month) (Dey) (Yeer)
NDING RMANEN X A C T I	5a. If married, widowed, or divorced HUSBANO of	
TAI A C assi	(or) WIFE of	122. I HEREBY CERTIFY. Thet I attended deceased of the state of the st
	6. DATE OF BIRTH (month, day, and year) Ture > 2 - 185-9	last saw her aliva on 100 / 3 1934 : death is
PE PE Cate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12 1 m.
FOR BI IS A PEI stated E properly certificate,	76 9 2 · 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and ratated causes of Importance were es follows:
- 70	8. Trada profession or particular	Dete of on
ED HIS pe pe of of	Kind of work done, as SPINNER, Houseway & SAWYER, BOOKKEEPER, atc.	Drabetes Mellitie
RESERVED G INK—THIS GE should be that it may be ns on back of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked et this eccupation (month and specific property).	
INK- INK- S sho t it r	SAW MILL, BANK, etc	
RES VG II AGE that ons o	this occupation (month and spent in this occupation (ULYS-	
NAO	12. BIRTHPLACE (city or town) Clears pring	Other Contributory Causes of importence:
RGIN FADI olied. ms, so	(State or country)	rone
UNFA UNFA supplied n terms, ee instri	13. NAME Serve B. Cromer	
5 5 5 6	13. NAME Sexve B. Cromer 14. BIRTHPLACE (city or town) Clears pring	Name of operation
TTH 11y slai	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
LAY, WITH be carefully EATH in pla	15. MAIDEN NAME WAY Keller 16. BIRTHPLACE (city or town) Waye HS Cross Rd	23. If death was dua to external causes (VIOLENCE) fill in also the following:
car 'H	5 16. BIRTHPLACE (city or town) Lucy etts Cross Rd	Accident, suicida, or homicide? Date of injury, 19
AIN, I DEATH	(Stata or country)	Where did injury occur? (Specify city or town, county and State)
PLAI ould F DF	17. INFORMAN is = Dernice Cromer	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
E O >	(Address) Hager stoum. Md	Manage of Internal
	Place tagexstown, led Date N My 162, 1936	Manner of injury
WRITE mation si	M.K.Cabura	24. Wes disease or injury in any way releted to occupation of deceased?
	19. UNDERTAKER CONTRACTOR (Address)	If so, specify
S. No.	mount 1-14 ,36 lokes HBoesson	(Signed) A Stanffer
> %	20. FILED T. 19-2 Registrar.	(Address) It a gerstflown
10,AP.Stow	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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1	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU Y, S.			:
Other contributory causes of importance:		Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenteritis	1 year
			74

V. S. No. 1 N. B.—V

1. PLACE OF DEATH County Mashington Village or City Mno. Length of residence In city or town where deeth occurred wrs. Length of residence In city or town where deeth occurred wrs. Length of residence In city or town where deeth occurred wrs. Mo. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city or town where deeth occurred wrs. Mos. Length of residence in city or town where deeth occurred wrs. Mos. Length of residence in city or town where deeth occurred wrs. Mos. Length of residence in city or town where deeth occurred wrs. Mos. Length of residence in city or town where deeth occurred wrs. Mos. Length of residence in city or town where deeth occurred wrs. Mos. Length of residence in city or town where deeth occurred wrs. Mos. Length of residence in city or town where deeth occurred wrs. Mos. Length of residence in city or town where deeth occurred wrs. Mos. Length of residence in city or town where deeth occurred wrs. Mos. Length of residence in city or town where deeth occurred wrs. Mos. Length of residence in city or town where deeth occurred wrs. Mos. Length of residence in city or town where deeth occurred wrs. Mos. Length of residence in city or town where deeth occurred wrs. Mos. Length of residence in city or town and State wrs. (Usual place of abode) If nonresident give city or town and State	2
Village or City ND. St., Work (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residance In city or town where deeth occurred. Property of several property or town where deeth occurred. The several property or institution, give its NAME instead of street and number) The several property or town where deeth occurred. The several property or institution, give its NAME instead of street and number) The several property or town where deeth occurred. The several property or	p-
(If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residance in city or town where deeth occurred	
Length of residence in city or town where deeth occurred	Ward
2. FULL NAME Anguan T. Daniels If U. S. Veleran, specify WAR (a) Residence: No. Hancock mo St., Ward.	1)
Was Residence: No. Hancock mo St., Ward.	0s.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wygie tha word)	/
(Month) (Day) (Year)	(QYear)
5a. If marriad, widowed, or officed HUSBAND of (or) WIFE of 22. 1. HEREBY CERTIFY. That I attended deceased for the state of the stat	ad from
1863	9 26
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than to heve occurred on the deta stated above at the day of the deta stated above at the day of the deta stated above at the day of the day	th Is said
1 dey,hrs. The PRINCIPAL CAUSE DE DEATH and related causes of importance	
1 8 Trada profession or particular 2 4 1 2	ofonset
SAWYER, BODKKEEPER, etc. Lesses . harmes . Calmona	
S Industry or business in which	
work was done, es SILK MILL, SAW MILL, BANK, etc	
- 20 cm a combatton (month and 20cm (iii)	
Of ther Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) filtings to the State or country)	
13. NAME Jacob Danillo Paradiak failure	
What tast confirmed diegnosis? Was there an autopsy?	/?
23. If Geath was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Accident, suicide, or homicide? Date of Injury	9
(Specify city or town county and State)	
17. INFORMAN Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Addrass) 2 (A	
18. BURIAL CREMOTION, DR REMOVAL Mennar of Injury	
Place Leas and Midg-z Date 1/ LO 193 Netura of Injury	
19. UNDERTAKE Dank Millett 24. Was disease or injury in any way releted to occupation of decaasad?	
(Addrass) They was a lf so, specify.	1
20. FILED / July Comment (Signad)	M, D.
Registrar. (Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis pro 7 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MARKEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	الــــــا		

certificate.

See instructions on back of

TION is very important.

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH 11100
1. PLACE OF DEATH ,	- (Bliff)
county Washington	Registration Dist. No. 393
1771 CO 127 Cally 66	"Il distant
Village or City Hagenslawn (II	death occurred in a hospital of institution, give its NAME instead of speet and number)
Length of residence in city or town where deeth occurred	ds. How longing 0. S. if of foreign birth?yrsmosds.
2. FULL NAME Miss Sarah Jane 1)	ern
(a) Residence: No. 550 Highland 11/an	St., 2 Ward.
(Uprai place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write-the word)	21. DATE OF DEATH
J Junes	(Month) (Dey) (Year)
5e. If merried, widowed, or divorced HUSBAND of	77. I HEREBY CERTIFY, Thet Lettended decessed from
(or) WIFE of	november 1 1036 to 11/11 10 36
8011 27 1851	44 /
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Yeers Months Devs if LESS then	
7. AGE Yeers Months Deys if LESS then I dey,hrs.	to heve occurred on the date steted above, et 10.320 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
	were as follows:
8. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked et this occupation (month end this propagation (month end this propagation (month end this propagation).	Chromse Endo Carditio Doto gonost
9. Industry or business in which	
work wes done, es SILK MILL, SAW MILL, BANK, etc	
yeer) occupetion	Other Contributory Causes of importança:
12. BIRTHPLACE (city or town) COAMAS COOL YUL	tra cline of the
(Stete or country)	
II 13. NAME REALITICE WILL	
14. BIRTHPLACE (city or town) (State or country)	Neme of operation.
(Stete or country)	Whet test confirmed diegnosis? Wes there en autopsy?
15. MAIDEN NAME MAKE HOONS	23. If deeth wes due to externel ceuses (VIOL ENCE) fill in elso the following:
E may	Accident, suicide, or homicide? a Call Dete of injury 11/4 19.36
O 16. BIRTHPLACE (city or town)	Where did injury occur? Ken Konce
111 60 - 5046-1	(Specify city or town, county and State)
17. INFORMANT W. S. C.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL GREMATION OF REMOVAL	Menner of injury Face
)antidetown Klywined, Dete Up 2, 1926	Neture of Injury tachering the
So D. Frigal Y M	24. Wes diseese or injury in eny way related to occupation of deceased?
19. UNDERTAKER (C. C. C	If so, specify
11 11 260 124 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(Signed) I was Duellen M.D.
20. FILED 1930 Registrar.	(Address)
Registrat.	" (1001003)

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 2 1996			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones . S.	May 1,1923	Gastroenteritis	1 year
	*		

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH 11754
County Washington	20 2 -
	Registration Dist. No. 30
	Mo. Word occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,	ds. How long In U. S. If of foreign birth?yrsmosds.
2. FULL NAME John Dunethan	U. S. Veteran, specify WAR
(a) Residence: No. Sanett county	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White S. SINGLE, MARRIED, WIOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of Balaida Shires	22. I HEREBY CERTIFY That I ettended decessed from
6. DATE OF BIRTH (month, day, end year) Aug 2.5 1864	I lest saw h in elive on Accul 66 , 19 36; deeth is seid
7. AGE Yeers Months Deys If LESS then	to heve occurred on the date stated above, at 10. Pm.
76 2 16 1 dey, hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importence
8 Trade profession or particular	were es follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Carlad Massar July 1891
9. Industry or business In which	Chellal Barner 1494
work was done, as SILK MILL, SAW MILL, BANK, etc	
Sport III this	
yeer) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Vocksygham (Stete or country)	
14. BIRTHPEACE (city or town) Lykanova	
A 14. BIRTHPLACE (city or town) Assaurance (State or country)	Neme of operation Date of
(State of country)	Whet test confirmed diegnosis? Wes there an autopsy? MIS_
16. BIRTHPLACE (city or town) If I for way,	23. If deeth was due to externel ceuses (VIOLENCE) filf In elso the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MATTIS Lang (Address) Wayles Augus My	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL P. M.S. 1/ /2 2	Menner of Injury
Plece Tormerlan Dete // 3,19 26	Nature of Injury
Let Y Min - 1 Slan	24. Was disease or injury In any wey releted to occupetion of deceased?
19. UNDERTAKER COMPANY AND CARLOS COMPANY AND CARLO	If so, specify
1/-12 - 21 6 1/2 1/2 1/2	
20. FILEO / 19. 875 C Registrar.	(Signed) Conson J. Jamper M. D. (Address) Necessters M. d.
Kegistrar.	" (Mudicos)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis DEC 7 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
See the second s			
Other contributory causes of importance:		Other contributory causes of importance:	lie(EEE)
Gallstones	May 1,1923	Gastroenteritis	1 year

	STATE OF	MARYL	AND-CERT	IFICATE	OF	DEAT
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1	1	111-	Do	por	
1	1	1	()	•)	

Registration Dist. No. St., Ward St., Ward med in a hospital or institution, give its NAME instead of street and number) s. How long In U.S. if of foreign birth?
red in a horpital or institution, give its NAME instead of street and number) s. How long In U.S. if of foreign birth?
S. How long In U.S. if of foreign birth?
If U. S. Veteran, specify WAR Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH TE OF DEATH (Month) (Day) (Yaar) I HEREBY CERTIFY, Thet I attandad dacaasad from 19 19 19 19 19 19 19 19 19 19 19 19 19
Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH TE OF DEATH (Month) (Day) (Yaar) I HEREBY CERTIFY, Thet I attanded dacaesaed from 19 to 19
TE OF DEATH (Month) (Day) (Yaar) I HEREBY CERTIFY, Thet I attanded deceased from 19
(Month)
I HEREBY CERTIFY. Thet I attanded decaesed from
w h, 19; death Is said
occurred on the date stated abova, atm. NCIPAL CAUSE OF DEATH and ralatad causas of importance
follows: There dead lying under a bridge next activisis Pafree Hill reftroubles snapperfied the bad suffered Tendory transfer curle R. entributory Causes of Importance: and last his horse at room movember shade and was found dead about 5 P. Mez novemes
operation Dete of Was there an autopsy?
th wes due to externel ceuses (VIDLENCE) fill in elso the following: , sulcide, or homicide?
of Injury
1 ////ul y
2 of a nt d

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

O V. S. No. 1 ä ż

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	Example II	
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1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonilis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles

FOR BINDING

ARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH 11756

(10%)			70	-
	Registration	Dist. No.	002	
		S	t. V	Ward
a hospital or institution ow long in U.S. if of t				:) ds.
f & S. Veteran, s	pecify WAR			
Ward.	If nonresident	give city or tow	vn and State	
MEDICAL CE	RTIFICATE	OF DEA	TH	
OF DEATH		11		
	Nov (Month)	(Day)	, 193	6
and the latest	(Month)	(Day)	()	ear)
HEREBY	CERTIF			
				-
A alive on A add on the date steted	ahove et	Pm		h is said
L CAUSE OF DEATH	end related cause	es of importance		
s:		T and a street	Date	ofonset
ober 8	MILLEN	4-V6(-1	4,->	
itory Causes of import	ance:			
tion		Dat	te of	
irmed diegnosis?				17
due to external caus				
de, or homicide?				19
ry occur?		Date of Hijary -	,	·
er injury occurred in	(Specify city or INDUSTRY, in HO	town, county a	nd State) LIC PLACE,	
iry				
ry				
or injury in eny way	related to occup	ation of deceas	ed?	
0199	Yos	hea		M. D.
ddress) W	tions	N	0	
Street, Baltimore, Req	uesting V. S. No.	I.		

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage DEC 7 183	July 5,1927	Peritonitis	3 days ago		
BUMPAULV. S.					
Other contributory causes of importance:		Other contributory causes of importance:	B: 14-14		
Gallstones	May 1,1923	Gastroenteritis	1 year		

If more blanks are needed, address State Registrar, 24xx N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
DUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	ron r	URTHER	STATEMENTS	DI	IIIIBIOIAI	*

CDACE BOD BUDTHED CTATEMENTS DV DUVCICIAN

V. S. No. 1

state

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11758
1. PLACE OF DEATH	- M-a
County Washington	Registration Dist. No. 302
Village or City Hageistown	No. Washington County (3 Ward
(II	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,mos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME yacov D. 1200 a	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DtVORCED (write the word)	
5e. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of (or)-HIFE of Jennie	22, I HEREBY CERTIFY, That I ettended deceased from
oct 12. 1884	
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	to heve occurred on the date steted above, et 4.—Am.
52 - 29 ldey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8 Trade profession or particular	were as follows: Date of onset
kind of work done, as SPINNER, Carpenter SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, Carpanter SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Perus. R. R. Lo SAW MILL, BANK, etc. 10. Date deceesed last worked at this occupation (month end	
SAW MILL, BANK, etc.	
10. Date decessed last worked at this occupation (month end year)	
year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
E //	
14. BIRTHPLACE (city or town) (State or country)	Neme of operation
	Whet test confirmed diagnosis? Was there an autopsy?
I	Accident, suicide, or homicide? Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (Stete or country)	Where did Injury occur?
Mrs Comit Good	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) (Address) (Address)	A
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Giell Harough wellle le and
Place dancaster, Date / 14 , 19.36	Nature of injury practiced strell Penna R. R. B.
19. UNDERTAKER low Suter & Son (Address) Hay Antown med	724. Was dicease of injury in any way related to occupetion of deceased?
20. FILED (1 - 1 / - 19.3 & Sharff 6 0000 Registrar.	(Signed) De Edward Theard arting Grongs
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Corebral homograpas	921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUNEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

V. S. No. 1 N. B.—

STATE	OF	MARYI	AND-	CERTIFI	CATE	OF	DEATH
SIMIL	OI	MIVIL	עוות.	CERTIT	CAIL	OI	DEAIL

1. PLACE OF DEATH						[18]
	CountyWashington					Registration Dist. No. 302
	Village or City Hagerstown					No 430 Suman Avenue
9	Length of rasio	dence in o	city or town whare o	leath occurred	LO vre	f death occurred in a hospital or institution, give its NAME instead of street and number) s
ľ	2. FULL NAI		170 0	Green nan Aver		If U. S. Veteran, specify WAR
	(a) Residence	ce: No	200 Dui	(Usual place		St., Ward. If nonresident give city or town and State
	PERSON	AL AN	ND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3.	sex Female		or or race		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH November 8 , 193 6 . (Month) (Dev) (Year)
5a.	If married, widowe HUSBAND of (or) WIFE of	ed, or div	orced			22 I HEREBY CERTIFY. Thet I ettended daceased from
6.	DATE OF BIRTH (month, de	y, and year) Unl	cnown	1888	i lest saw has alive on 15 8 ; death is said
	AGE Yaar		Months	Days	tf LESS than	to have occurred on the dete steted above, a 8:15 Pm.
	4	:0			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end ratated causas of Importance were as follows:
NO	8. Trede, profession of west	sion, or p	particular , as SPINNER, F EPER, atc.	House Wo	rk	mond for Kend Herense withou
OCCUPATION	9. Industry or b	usiness i				- Sugarun Freun Tombu
၁၁၀	10. Date decease this occup	d last wo	rked et	spe	ime (years) nt In this	
12.	BIRTHPLACE (city		Unknov Va.	/n		Other Contributory Causes of importence:
ER.	13. NAME			Green		Customic Supersultar
FATHER	14. BIRTHPLACE	(city or t	un Unk	nwon		Name of operation.
_	(Stata or			a.		Name of operetion Dete of Was there an autopsy? Was there are autopsy? Determined diagnosis? Was there are autopsy? Determined diagnosis? Was there are autopsy? Was there are autopsy? Was there are autopsy? Was there are autopsy? Was there are a supplied to the property of
HER	15. MAIDEN NAM	ΛE	Unknown			23. If death was due to external causes (VIOL ENCE) fill in elso the following:
MOTHER	16. BIRTHPLACE (State or	(city or to country)	own)Unik	mown		Accident, suicide, or homicide?
17. INFORMANT James Thompson (Address) Hagerstown, Md.						(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECHAGERS LOWN, Md. Dete NOV. / 4 , 19 36					10 ,19.36	Manner of Injury
19. UNDERTAKER Fred W. Kraiss, (Address) Hagerstown					· 1	24. Wes disaese or injury in any way related to occupation of deceased?
20.	FILED_[/- (0	1936/	rostiz	Toewer Registrar.	(Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DEC 7 1900	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis Cerebral hemorrhage	1921	Run over by street ear	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
	7		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLA

V. S. No. 1

STATE OF MARY	AND-CERTIFICATE	OF DEATH
---------------	-----------------	----------

1. PLACE OF DEATH	7	126,01	
County Washing	ylon,	Registration Dist. No. 30	2
Village or City	istorin	No. Washing to bound of State	3 Ward
Length of rasidence in city or town whara	,	death occurred in a hospital or street and h	
2. FULL NAME Sall	ie blallon	A If U. S. Veteran, specify WAR	
1417	2011	Ward.	
(a) Residence: No. 77	(Usua (place of abode)	If nonresident give city or town and	State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Femule white	5. SfNGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193_ 6 (Yeer)
5a. If married, widowed, or divorced HUSBAND of	D. I	22. I HEREBY CERTIFY, That I attended of	leaseed from
(or) WIFE of Line D. 26	adow	October 11. 1936 10 Now. 28.	1936
6. DATE OF BIRTH (month, day, and year)	une 19 - 1849	i last saw head. alive on Nov. 38, 1936	; daath is said
7. AGE Years Months	Oays If LESS than	to have occurred on the date stated above, atm.	
87 3	9 1 day,min.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance wera as follows:	Oate of onset
8. Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	at Home		
9. Industry or business in which	. b.	Tolomia massassitis	2
work was done, as SILK MILL, SAW MILL, BANK, etc	***************************************	O HARRIST TO STATE OF THE STATE	
- time occupation (month one	11. Total time (years) spent in this		
yaar)	occupation	Other Contributory Causes of Impertance:	
12. BIRTHPLACE (city or town)	P	Tracture of right femus	
(State or country)	anguar of	due to fall on thet. 11.	
13. NAME Jacol	- axu	1926	
4 14. BIRTHPLACE (city or town)	markey so	Name of operation Date of	- V
(State of country)	Ni minu	What test confirmed diagnosis? Was there an a	ulopsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	· young	23. If death was due to external causes (VIOLENCE) fill in also the following	. 21
0 16, BIRTHPLACE (city or town)	Service Port	2/.	, 19.⊋. .
(State or country)	Mina	Whara did injury occur? Specify city or town, county and State	e)
17. INFORMANT MA W. P.	Town I	Specify whether injury occurred in MOUSTRY, in HOME, or in PUBLIC PL	ACE.
(Address) A C Q C C S 18. BURIAL, CREMATION, OR REMOVAL	in 1	Manner of Injury Pelly Srom Re flass	even In
Place Hageiston	0ate / 1 , 19.0 £	Nature of Injury Frankling right for	nur!
19. UNDERTAKER & M.	Suter & Soms	24. Was disease or injury In any way related to expection of decidesed?	No
(Address) Have	ustlown md	If so, specify	
20 5450//- 30- 10 86/6	Host Bours	(Signed) Tabill	y M. D
20, FILEUI, 19-02 F	Registrar	(Address) Hanerstown, My	,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Regiesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
The same of the sa			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RD. Every item of infor-UNFADING INK-THIS IS A PERMANENT

IARGIN RESERVED

St	1. PLACE OF DEATH			
OCCI	County Washington		Registration Dist. No. 3 C	2
should of OCC	Willage or City Hageist	own (II	No Washington County Host	3 War
	Length of residence in city or town where deeth occurr	79 /	ds. How long In U.S. if of foreign birth?yrsm	
PHYSICIANS ict statement	2. FULL NAME William A	. Hamm	ack If U. S. Veteran, specify WAR	
ten	1111/1/9	ank line		
YS	(a) Residence: No. 14 W 17 (Usua	Iplace of abode)	St., S Ward. If nonresident give city or town and	State
Ract	PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Exa		C, MARRIED, WIDOWED, VORCED (write the word)	21. DATE OF DEATH / 2 7 (Month) (Oay)	, 193_ (Yeer)
ACTI assified.	5a. If married, widowed, or divorced amaple HUSBAND of (or) WIFE of	a K.	22. 1 HEREBY CERTIFY. That I attended 11-4-19-10-10-27	deceased fro
stated EX properly cla certificate.	6. DATE OF BIRTH (month, day, and year) Mac. 7. AGE Years Months Oa	31-1867 ys If LESS than 1 day,hrs.	to have occurred on the date stated above, at S	; death is se
pr pr cer	8. Trade, profession, or particular	7	Well as follows.	Oate of onse
pe of	Nind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ruelo	Carcinome Intestino	1935
should it may n back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and	ic Store		-
s sh t it on	10. Oate deceased last worked at this occupation (month and year)	Totel time (years) spent in this occupation		
so	12. BIRTHPLACE (city or town) Hoeld (State or country)	tiana	Other Contributory Causes of importance:	
ms, nstr	13. NAME Unfluorer			
sur in to See	14. BIRTHPLACE (city or town) - the (State or country)	cri	Name of operation Oete of What test confirmed diagnosis? Wes there an	autoney?
pla pla		04	23. If deeth was due to external causes (VIOLENCE) fill in also the following	
	15. MAIOEN NAME 16. BIRTHPLACE (city or town) - House Everoce (Stete or country)	ore 1	Accident, suicide, or homicide? Oate of Injury	, 19
POA	17. INFORMANT Hobel V. A. (Address) Hageist	fammas	(Specify city or town, county and St Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC P	ite) LACE.
E	18. BURIAL, CREMATION, OR REMOVAL Place Agendour Date	1/30 ,1936	Menner of Injury	
mation s CAUSE TION is	19. UNDERTAKER 6-M. Sul (Address) Hage At	ent Sons	24. Was disease or Injury In eny way related to occupation of deceased?	**
(1)	20. FILED / - 30-, 19 56 OKULA	Torress. Registrar.	(Signed) Augusta (Address) Augusta (Address)	M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Bequesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis 7 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

STATE OF MARTERINE	OLKINIOKIL OF BLATTI	
1. PLACE OF DEATH	940/	
County Washington	Registration Dist. No.	,02
Village or City Laguation	ND. 16 Washside andst, death occurred in a horpital or institution, give its NAME instead of street an	Ward
	ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Emma B Harbaugh	If U. S. Veteran, specify WAR	
(a) Residence: No. 16 West Side and (Usual place of abode)	Ward. If nonresident give city or town a	and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
Sa. If married, widowad, or divorced HUSBANO of (or) WIFE of Harry R. Harbough	22. I HEREBY CERTIFY, That I attend tob. 18. 1929 to Nov. 12	
6. DATE OF BIRTH (month, day, and year) May 4 1865		6; daeth is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated abova, at 12:30 P.m.	
7/ 6 8 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	1
8 Trada profession or particular	augura Poelous	Data of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass In which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date dacaasad last worked at this occupation (month and	Cerebrol hemontoge	11-5-36
9. Industry or businass In which work was dona, as SILK MILL,	Jemplegia Right	11-5-36
SAW MILL BANK, etc. Jun form	anglish Pertons	11-1236
O 10. Date dacasad last worked at this occupation (month and year) - 11. Total time (years) spent in this occupation		
net 3in	Other Contributory Causes of importance:	10-8
(State or country) Frederick Country md.	Ctoren lasmi	1026
	Chronic Musocalita	1929
13. NAME LEVE BESTON 14. BIRTHPLACE (city or town) ANAMANAMA	Name of operation Blood 2 parofessor: Date of	1928
[State or country]	601	an autopsy? 20
15. MAIDEN NAME Elizabeth Mananhan	23. If death was due to external causes (VIOL ENCE) fill in also the follow	
15. MAIDEN NAME Elizabeth Mananhan 16. BIRTHPLACE (city or town) Frederick & (State or country)	Accident, suicide, or homicide? Date of Injury	, 19
(State or country)	Whera did Injury occur?	
17. INFORMANT Mr. Francy R. Harbargh	(Specify city or town, county and Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Lagerstown Mrs. Oate Nov 14, 1936	Nature of injury	
19. UNDERTAKER Stoth & Minniel Son	24. Was diseasa or injury in any way related to occupation of deceasad?	Seo
(Address) Loyerstown mol	If so, specify 200	
20 FILED / 14- 19 36 6 100 / Boccert	(Signad) W tona ogen.	M. D.
Registrar.	(Address)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. 6			
Other contributory causes of importance:	The many	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH .	302
County Washington	Registration Dist. No.
2)	No. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Terloude P. Han	nor If U. S. Veteran, specify WAR
(a) Residence: No. Tiddlessung (Usual place a abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH YOU / (Day) (Year)
5a. If merried, widowed, or divorcad HUSBAND of	22. HEREBY CERTIFY, That I attended deceased from
(or) WIFE of George E. Harmon	Man (, 19.36 , to Med (5 , 19.56
6. DATE OF BIRTH (month, day, and yeer) Nov 18 -1879	I last saw hear alive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date steted above, atm.
57 ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Chamie Mephitis 1815
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (month end	
10. Date deceased lest worked et this occupation (month end year) 11. Total time (years) spent in this occupation 700-19.	3c
11/ Alainthe	Other Centributery Causes of Importance:
12. BIRTHPLACE (city or town) W G G G C C C (State or country) M G .	
13. NAME Romanus Baker	
13. NAME Romanus Baker 14. BIRTHPLACE (city or town) Frederick County	Name of operation
(State of Country)	Whet test confirmed diagnosis? Was there an autopsy? Mud
15. MAIDEN NAME Ella Swope 16. BIRTHPLACE (city or town) Man Smithling (State or country)	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Mean Smithling	Accident, suicide, or homicide? Date of injury, 19
(State or country) M.d.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
(Address) Ha sees torm R. F. D. 5	Specify whethat injury occurred in industris, in nome, of in rubelo reace.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place to gentour My Date / 10V 2/ ,1936	Natura of injury
19. UNDERTAKER Scott 7 Minnich y Son	24. Was diseasa or injury In any way related to occupation of daceasad?
(Address) / &a gustgron md.	If so, specify
20. FILED / 1-20, 193 0 play 12 owers	(Signed) La Lamptell M. D
Registrar.	(Address) Tegensland VII

V. S. No. 1

PHYSICIANS should state

stated EXACTLY. properly classified. E

should be

AUSE OF DEATH in plain terms, so that it may

ation should be carefully supplied.

WRITE PLA

IARGIN RESERVED UNFADING INK—THIS

FOR BINDING

RD. Every item of infor-

of OCCUPA-

Exact statement

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BUREAU V. F			
Other contributory causes of importance:		Other contributory causes of importance:	an ar
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11764
1. PLACE OF DEATH	(25)
County Washington	Registration Dist. No. 302
Village or City May Village Co.	No. 301/2/1 youallaw St., 5 Ward
Length of residence in city or two where deeth occurred 29 yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Hattee Smuth	Half U. S. Veteran, specify WAR
(a) Residence: No. 3014 n Januthan	St. 5 Ward.
2 (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Augustus	22. I HEREBY CERTIFY, That I attended deceased from
S DATE OF DIDTH (mostly day and man) A. M. 1/2 A. R. T.	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9 Am.
47 - 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Labranalis
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	It musting
10. Date deceased lest worked et this occupetion (month end year) spent in this occupetion coupetion	· · · · · · · · · · · · · · · · · · ·
12. BIRTHPLACE (city or town) Williamsport mg	Other Contributory Causes of Importance:
(State or country)	-
E 13. NAME QQ 6 BASILLE	
14, BIRTHPLACE (city or town) (State or country)	Name of operation Date of
E 15. MAIOEN NAME Service Carts	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) W. L.	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT However smith (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Date 19	Manner of injury
100 a 100 a 100	Nature of Injury
19. UNDERTAKER (Addiess)	24. Was disease or injury in any way related to occupetion of deceased?
11-9- 3/ Shall Brish	(Signed) ANN D. W. M. D.
20. FILED 19 Registrar.	(Address) as my Carous
	1

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ALL PARTY OF			
Other contributory causes of importance:		Other contributory causes of importance:	H
Gallstones	May 1,1923	Gastroenteritis	1 year

state

MON is very important. See instructions on back of certificate.

1. PLACE OF DEATH County. V. O. S. P. O. T. C.	STATE OF MARTEAND	CERTIFICATE OF DEATH
Village or City. 1. Q. Q. C. S. C.		(5) P)
Langth of residence in city or town where death occurred Set O. yrs	County VVOShenaton	Registration Dist. No. 382
Langth of residence in city or town where dath occurred 30.0. yrs	Village or City A Q 4 C x Stown	
(a) Residence: No. 2		
(a) Residence: No. 3 (Usus) place of abode) PERSONAL AND STATISTICAL PARTICULARS 2. SEX 4. COLOR OR RACE S. SINCLE MARKIED, WIDOWED, OR DIVORGE) (emirc the word) OR DIVORGE) (emirc the word) So. If marries, widewed, or adjourned (or) wife of (or) wife or	2. FULL NAME Mayy Jos Hollis.	If U. S. Veteran, specify WAR
Personal and Statistical Particulars Medical Certificate of Death	(a) Residence: No. 25 Mb. 13. Had	_
3. SEX 4. COLOR OR RACE OR DIVORCE Cerric the word) 22. I HE RE BY C E.R T I FY. Thet I attended decessed from the data above, at. I F. The the season of the control of the data above, at. I F. The the season of the control of the data above, at. I F. The the season of the control of the data above, at. I F. The the season of the control of the data above, at. I F. The the season of the control of the data above, at. I F. The the season of the control of the data above, at. I F. The the season of the control of the data above, at. I F. The the season of the control of the data above, at. I F. The the season of the control of the data above, at. I F. The the season of the control of the data above, at. I F. The the the season of the control of the data above, at. I F. The the the season of the control of the data above, at. I F. The the the season of the control of the data above, at. I F. The the the season of the control of the data season of the control of the control of the data season of the control of		
OR DIVORCED (warise tha word) 5a. If marriad, widowed, or divorced HUSARIO (Month) (Day) (Year) 1. AGE Years Months Pays If LESS than 1 day	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Second Husband Second Husband Second Husband Second Husband Second Husband Second Husband Second Seco	OR DIVORCED (write tha word)	Y 1 V 2 4 193 6
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Pays If LESS than I day,hrs. ormin. S. Trada, profession, or particular saw hours, a file of the causes of importance were as follows: Date of onest The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onest The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onest The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onest The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onest The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onest The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onest The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onest The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onest The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onest The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onest The PRINCIPAL CAUSE OF DEATH and related above, at	5a. If marriad, widowed, or divorcad	
To the control of the date stated above, at 1		22. THEREBY CERTIFY, Thet I attended dacassad from
To the control of the date stated above, at 1	S DATE OF RIPTH (month day and year)	1 last saw belon alive on new 24 1976 death is said
8. Trade, profession, or particular of the profession of the pr		7 10
8. Trada, profession, or particular contents of the process of the		were se follows:
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town)	8 Trada profession or particular	Date of onset
Other Coatribatory Causes of importance: 12. BIRTHPLACE (city or town)	SAWYER, BOOKKEEPER, etc.	Gelmonary embalian
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town)	9. Industry or business in which work was dona, as SILK MILL,	
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town)	SAW MILL, BANK, etc	Hysterectomy was serformed for fibroid
13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass) 18. BURIAL, GREMATION, OR REMOVAL Plates Question 19. UNDERTAKER (Address) 20. FILED 21. INDERTAKER (Address) 22. ISTACLE (City or town) (State or country) 23. ISTACLE (City or town) (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Signed) (Signed) (Signed) Manual City or town) (Signed) Manual City or town) (State or country) Associated and the state of th	and applicant (month adapt	of uterus. Duration: six years cury
(State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Plate CYCYS TOWN. 19. UNDERTAKER (Address) 20. FILED 10. State or country 17. INFORMANT (Specify city or town, county and State) (Address) 18. UNDERTAKER (Address) 20. FILED 19. UNDERTAKER (Signed) (Signed) 19. UNDERTAKER (Signed) (Signed) 19. UNDERTAKER (Signed)	Lacevatava	Other Contributory Causes of importance:
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20. FILED 1 - 25 - 1936 John Soft Secret (Signed) Maller Jacques M. D.	Platet Wycrs Houn, wo Date Mary 2 1 ,1926	Natura of injury
20. FILED 1 - 25 - 1936 John Soft Boscott (Signed) Aller Journal M. D.	19 UNDERTAKER FT - 15. CALLY OLD	24. Wes disaase or injury in eny way related to @upation of deceased?
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	20 FUED/1-25-1936 6/10-18/13 accress	(Signed) / // Alle payman M. D.
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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Addrass)

Registrar.

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Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago .
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	STATE OF	F MARYLAND-	CERTIFICATE OF DEATH 11768	3
1	. PLACE OF DEATH		93-0	
	County /as.instan		Registration Dist. No. 360	
	Village or City Antietiam			Ward
			death_occurred in a hospital or institution, give its NAME instead of street and number)	
	Length of residence in city or town where dea	ath occurredyrs,mos	How long in U.S. If of foreign birth?yrsmos	ds.
2	. FULL NAME Thomas W	Janison	If U.S. Veteran specify WAR	2000000
	(a) Residence: No. Antietia	am	St., Ward.	
		(Usual place of abode)	If nonresident give eity or town and State	
	PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
3.	Yale Waite	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Ye)	S.;
5a.	If married, widowed, or divorced			
	HUSBAND of (or) WIFE of Anna Evers	ole	22. THEREBY CERTIFY, That I attended deceased	from
			19 10 19 19 19 19 19 19 19 19 19 19 19 19 19	5.4
-		ct. 2I. 1865	last sat handlive on 19 ; death	Is said
7.	AGE Years Months	Days If LESS than 1 day,hrs.	to heve occurred on the date steted above, at 6-1-2-2-2-2. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	(1	I day,min.	were as follows:	onset
N	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		A STATE OF THE STA	y
OCCUPATION	SAWYER, BOOKKEEPER, etc9. Industry or business in which		hum the	
UP/	work wes done, as SILK MILL, SAW MILL, BANK, etc.	Farmwork	Post of Contract of a	1 1-
S	10. Date deceased last worked et	11. Totel time (years)	July Software Software	1,193
0	this occupation (month and 20 Y TS	spent in this occupation	Chronic myofprolitis Apration:	
12	BIRTHPLACE (city or town)	tiam and	Other Contributary Canses of Importance: five Jears. Cuff.R.	
2	13. NAME James Jamison			
FATHER	Mar	yland	Name of operation	
FA	14. BIRTHPLACE (city or town)	,	What test confirmed diagnosis? Wes there an eutopsy2	no
8		rampton	23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOTHER	Mar	yland	Accident, suicide, or homicide?	
S	16. BIRTHPLACE (city or town)		Where did injury occur?	
			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
17	(Address) Antietiam		Specify whether injury occurred in introduct, in nome, or in roberto react.	
18	B. BURIAL, CREMATION, OR REMOVAL	HOLL A LOUID	Manner of injury	
	Plece. Shamahaman	_Dete_nr	- Neture of injury	
	001. A D	1 00 0 50	7.0	
19	UNDERTAKER WHITE	7 about with	24. Was disease or injury in eny wey related to occupation of deceased?	
	(Address) Walling	01 12	If so, specify Walter H. Sheat	_ M. D.
20), FILED 13 , 1936 CE	1 Joy	(Signed) fle Charles short of	W. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DEC 8	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1 SIDEATIVE .			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARYL	AND-CERT	IFICATE (OF DEATH
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1. PLACE OF DEATH		(35-2)	769
County Washing	to	Registration Dist. No.	01
Village or City / fag east	LINITE OF	No. Wolf St., death occurred in a horpital or institution, give its NAME instead of street and	3 Ward
Length of residence in city of town where d	eath occurredmos	ds. How long in U.S. if of foreign birth?yrsm	10sds.
2. FULL NAME J Royal (a) Residence: No. 5 6 H	ton Kane	L- St. 5 Ward.	
(a) Residence. No	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX A. COLOR OR RACE C	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH No. V (Month) (Day)	_, 198_ C (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of B eulah	Kare.	22. I HEREBY CERTIFY, That I attended NOV. 2.0 ,19.6 ,to Nov. 2.4	deceased from
6. DATE OF BIRTH (month, day, and year) 1. 7. AGE Yoars Months	Days if LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 5: 20 Am. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Data ot onsat
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	5 andre	Hyperteneire carolia vascula	19318
this occupation (month and o year) 12. BIRTHPLACE (city or town) (State or country)	193 spent in this occupation	Other Contributory Causes of Importance:	
13. NAME I leader	Kore		
14. BIRTHPLACE (city or town) (State or country)	merster me	Name of operation Date of What test confirmed diagnosis? Was there an	. ,
15. MAIDEN NAME 201 16. BIRTHPLACE (city or town)	rawa '	23. If death was due to external causes (VIOLENCE) fill in also the followin Accident, suicide, or homicide?	_
2 (State or country) 17. INFORMANT C. Address)	terme Ka 1	Where did injury occur?(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PI	Me) LACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
19. UNDERTAKER (Address)	erstown M	24. Was disease or injury in any way related to occupation of deceased?.	
20. FILED / 1 = 25 , 193.6 - 67	Dest Bouses Registrar.	(Signed) Llyda Hoffing (Address) /3 r W- Work St	M. D.

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Example I	Application of the state of the	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DEC 7 100	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	-CERTIFICATE OF DEATH
County Washington	Registration Dist. No. 30 2
Village or City A a gerstown	No. Washington County Host 2 Ward
	(If death occurred in a hospitator institution, give its NAME Instead of street and number)
61:01/00/	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME ELOSSIA RELE	If U. S. Veteran, specify WAR.
(a) Residence: No. 309 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (white the word) Temale white Married (white the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of Solomon	22. I HEREBY CERTIFY, that I attended deceesed from
6. DATE OF BIRTH (month, day, and year) Dec. 2 190.	2 lest saw hey alive on how 5 p. 19 86 death is said
7. AGE Yeers Months Oeys If LESS than	to have occurred on the dete stated above, at
32 11 4 1 day,hi	S. The PRINCIPAL CAUSE OF DEATH and related causes of importance were a follows:
Z 8. Trede, profession, or particular kind of work done as SPINNER	All
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and	Velenum / runins_ co. 5.
work was done, as SILK MILL, SAW MILL, BANK, etc.	
O 10. Oate deceased last worked at this occupetion (month end spent in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	alcoholie Wuntes
(State or country)	- lower XAlimine
14. BIRTHPLACE (city or town) was a substitute of the country of t	
4. BIRTHPLACE (city or town) (State or country)	Neme of operation
	What test confirmed diagnosis? Was there en autopsy? Was there en autopsy?
II.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT Lawa E. Crow (Address) Hagestone	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE,
18. BURIAL, CREMATION, OR BEMOVAL O	Manner of injury
Place St. Part Oate S., 19.3	Nature of injury.
19. UNDERTAKER lo. M. Suter & Son	24. Was disease or injury in any wey releted to occupation of deceesed?
20. FILEO 11 - 7 , 1936 Chaff Bious	If so, specify (Signed) (Signed) M. D.
Registrar.	ar, 2411 N. Charles Street. Baltimore. Requesting D. S. No. 1.

CTATE OF MADY AND CEDTIFICATE OF DEATH

Statement of tion.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits at known. Make some entry in this section for every person aged 10 years or over. If the deceased had retire to business, report the occupation prior to retirement. Children not gainfully employed may be returned as at so col or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DEC 7 1980	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
County Cashinglin	Registration Dist. No.
Village or City It was a Claring	No. 120 Deoon St., 5 v
Length of residence in city or town where death occurred	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAME GEORGE Bey Lingan	Kennif U. S. Veteran, specify WAR
(a) Residence: No. 120 Grand Wel	St., 5 Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 22, 193 (Month) (Dey) (Yee
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of HUSBAND OF	22. I HEREBY CERTIFY, That I attended deceased
7.6- 21164	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 70 m.
72 9 19 1 day,hrs	The PRINCIPAL CAUSE OF DEATH end releted causes of importance
8 Trade profession or perticular	were as follows:
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (month and spent in this spent in this	Chrome Marcardiles
9. Industry or business in which work wes done, es SILK MILL,	J.
SAW MILL, BANK, etc	
this occupation (month end spent In this occupation occupation	
Yaca Vine	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) (State or country)	Bronchue arthmul
13. NAME Ames lennedy	
13. NAME 14. BIRTHPLACE (city or town) 14. DIRTHPLACE (city or town)	Neme of operation Dete of
(State or country)	What test confirmed diegnosis? Was there en autopsy?_
15. MAIDEN NAME MUTULA JASSENAV	23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following:
16. BIRTIIPLACE (city or town).	Accident, suicide, or homicide?
∑ (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Sunder Municay (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Pock Date 1/ 29,1936	Neture of Injury
19. UNDERTAKER (Address)	24. Was disease or injury In any way releted to occupation of decoased? 20
20. FILED /1 - 25 - 1026 6 10 10 4 17 50 cc 2 12	(Signed) St. G. Foreon
Registrat.	(Address) 10th and Lour Me

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURDAN V. 6			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEAT	STATE	OF	MARYL	AND-	CERTIF	CATE	OF	DEATI
---------------------------------------	-------	----	-------	------	--------	------	----	-------

4	- 12	1-0	10	0
		6		

1. PLACE OF DEATH County Washington					(B) (B)	1000	
					Registration Dist. No. 3.03		
Villag	ge or CityBi	g Spring			No. St., death occurred in a hospital or institution, give its NAME instead of street and i ds. How long in U.S. if of foreign birth? yrs. mi		
	Residence: No.				If U.S. Veteran specify WAR. St., Ward. If nonresident give city or town and	State	
					MEDICAL CERTIFICATE OF DEATH	Disto	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed				D (write the word)	21. DATE OF DEATH November 27 (Month) (Day)	, 193_6	
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Hattie B. Kline					22. OHEREBY CERTIFY, Thet I attended		
6. DATE OF	BIRTH (month, dey,	and year) M	ay 15, 18	364	1 last saw ham alive on Oct Nov. 26, 1936		
7. AGE	Years 72	Months	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 4 g-3 OAm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as-follows:	Date of onset	
8 Trade profession or particular				r	Cerebral Hemonhage Min		
S S	stry or business in york wes done, as S AW MILL, BANK, e	ILK MILL, tc	1				
O 10. Date deceased last worked at this occupation (month and year)				ent in this	Othor Contributory Causes of importange;		
12. BIRTHPLACE (city or town) - Washington - County (State or country)				ty	arterio Iclesons	1930	
13. NAMI	E John	W. Klin					
13. NAME John W. Kline 14. BIRTHPLACE (city or town) Washington County (State or country) Md				unty	Name of operation Dete of	aulopsy?	
15. MAID	EN NAME U	nknown			23. If death was due to external causes (VIOLENCE) fill in also the following		
15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) (State or country) UNKNOWN					Accident, suicide, or homicide?		
17. INFORMA (Addr	NT Victor				(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.	
(Address) Big Spring, Md. 18. BURIAL, CREMATION, OR REMOVAL Plece-Green-Spring, Md. Date Nov. 29, 19.36.				-29, 19-36-	Manner of Injury		
19. UNDERTAKER Snyder-Rowland Funeral Home (Address) Clearopring Md. 0					24. Wes disease or injury in any way related to occupation of deceased?		
20. FILED	- 44	.36	w. no	Registrfr.	(Signed) David of Grewe (Address) Claropring	M. D.	
		If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

V. S. No. 1

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11.—The number of years the deceased followed the occupation.

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DEC '7 1936			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT R AGE should be stated EXACTLY. mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. LY, WITH N. B.-WRITE PL

RD. Every item of infor-YSICIANS should state

PHYSICIANS

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11773
1. PLACE OF DEATH	(4h 10) X
County Washington	Registration Dist. No. 302
Village or City Dage storm - Cou	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Katherine Rebecc	a Kline
(a) Residence: No. Agguston Md. 75 3 (Usual place of abode)	30, 7, Mulberry St.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 7
Hugh White married	(Month) (Dey) (Year)
5e. If married, widowed, or divorced HUSBAND of	22. /I HEREBY CERTIFY, That I ettended deceesed from
(or) WIFE of Deorge Co, Kline	9/10 1936 to War 3-d 1936
6. DATE OF BIRTH (month, dey, end yeer) Tune - 24. 1867	liest saw h. 2 alive on Wov-Ful 1936; deeth is seid
7. AGE Years Months Days If LESS than	to heve occurred on the date stetad above, et 7.400.m.
(09 4 9 1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end reletad ceuses of importance were as follows:
8. Trade, profession, or particular	Carelleona of seguind Date of onset
kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	with portion excluder 9/10/36
work wes done, es SILK MILL, A CON Horne	Oblivelin
	5/GM0/D.
10. Deta decessed last worked et this occupation (mont) end yeer)	0.00.1.0
12. BIRTHPLACE (city or town) Brownselle	Other Contributory Causes of importence:
(State or country) Wash. Co. md.	perlones for autility 1/1/36
13. NAME Christian Kaetzel	upping francis
14. BIRTHPLACE (city or town)	Name of operation plonal of los Colorlany Date of ent 1956
(State or country) of rance	What test confirmed diagnosis? The fleet Wes there an au'opsy?
15. MAIDEN NAME (Pelierca Bovey	23. If death was due to externel ceases (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide?
(State or country)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT LEGIGLE (Address) 730 Th. Mullern. St. Hagers for	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Fre Will Dete Nov. S. 1936	Neture of Injury
19. UNDERTAKER COW 2. Bust & Soy	24. Was disease or injury in eny wey releted to occupation of dacaesed?
(Address) Bondfoo / Md.	If so, specify A
20. FILED // - 4 - 193 (My) ouers	(Signed) Little Allebah M. D.
Registrar.	(Address) Acq wed

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimole, Requesting V. S. No. 1.

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BUKEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	



STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	94.90
County Cashington	Registration Dist. No.
Village or City & ageiston - Como	4. No. Co . A . St., 3 Ward death occurred in a horbital or institution give its NAME instead of street and number)
Length of rasidence In city or town where daath occurredmios.	
2. FULL NAME anie m. Let	LUA H U.S. Veteran specify WAR
(a) Residence: No. 11 Summit Aug	St, 2 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. It marriad, widowad, or divorcad	21. DATE OF DEATH Notember 23, 193 6 (Month) (Day) (Year)
HUSBAND of Clerk Lefeure	22. HEREBY CERTIFY, That I attended daceased from 1936 to WW 23 1976
6. DATE OF BIRTH (month, day, and year) Ct. 17-1854	I last saw h_ aliva on Mol. 7-3 , 1936; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on tha date statad above, at a P. m.
82 6 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wara as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of control
9. Industry or business in which work was done, as SILK MILL,	Cancer of alcum with august
kind of work dona as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date dacaasad last workad at this occupation (month and spant in this	melaslasis v m left grow (19)
year) oc:upation	Othar Contributory Causes of Importance:
Iz. BIRTHPLACE (city or town) Marlo-use (Stata or country)	ARCHAUN G
13. NAME Deorge D. Barnes	walenver
14. BIRTHPLACE (city or town)	Name of oparation
(State of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME UMCHOCEN O	23. If daath was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME UNICUOCET 0 16. BIRTHPLACE (city or town) - Conference (State or country)	Accidant, suicide, or homicide? Date of Injury, 19 Whera did injury occur?
17. INFORMANT. Driss B. entha Lefeure. (Address) 1 Sugar And Hagerston Mad	(Specify city or town, county and State) Spacify whathar injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place A DE HOL. Date Por 25., 1936	Manner of injury
19. UNDERTAKER DY Oash Doy (Address)	24. Was disease or injury in any way related to occupation of deceased W
20. FILED 11 - 24 1936 Blas # Boccord	(Signad) M. D.
Registrar.	(Address)

1177/

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KOKEVA V.				
Other contributory causes of importance:	100	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

B

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V. S. No. 1

BINDING

ARGIN RESERVED

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SPAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
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STATE OF MARYLAND—	CERTIFICATE OF DEATH	111
1. PLACE OF DEATH	940	
County Coashington	Registration Dist. No. 30	3
Village or City Boonson	NoSt.,	Ward
Length of residence in city or town where deeth occurred 45 yrs — mos	death occurred in a hospital or institution, give its NAME instead of street and number death of the death of the death of the death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in the contract of the death occurred in the contract of the death occurred in	
2. FULL NAME James Edward M	oddawy U.S. Veteran specifi, WAR.	
(a) Residence: Nd (Usual place of abode)	St., Ward. If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH SAME	1
male white married	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of	22. A I HEREBY CERTIFY, That I attended d	eceased from
(or) WIFE of China E. Maddrey	Nov. 30 1936 10 Nov. 30	19 3 6
6. DATE OF BIRTH (month, day, and year) January -5, 1868	i last saw h mi alive on Nov. 30 1936	death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 2.1m.	
68 10 25 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows:	
8 Trade profession or particular		Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	1 · P. F	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month end	Ingina Celoris.	
SAW MILL, BANK, etc	- J	
this occupation (month end year)	, ,,	
41.11.11	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town)		
II 13. NAME James maddren		
13. NAME anne maddren 14. BIRTHPLACE (city or town)	Neme of operation Date of	
(State of County)	What test confirmed diegnosis? Was there an au	lopsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIDL ENCE) fill in also the following:	
5 16. BIRTHPLACE (city or town) Walfsville	Accident, suicide, or homicide? Date of injury	, 19
(Stete or country) Fred. Co. m.s.	Where did injury occur? (Specify city or town, county and State	
17. INFORMANT Mrs. anna E. Maddren	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLA	ĆE.
(Address) 18. BURIAL, CREMATION, DR REMOVAL	No consequence of the consequenc	
Piec Dovisto Md Oate Dec, 3, 1936	Manner of Injury	
PATUS 10 LVS		<i>w</i> .
19. UNOERTAKER (Address)	If so, specify	
70:11: DA 1	(Signed) L. W. delage	M. D.
20. FILED NOV. 130, 1936 Dellan O. 1800. Registrar.	(Address) Boonsbows.	

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II				
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 200	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
*				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

should state of OCCUPA. item of infor-

1. PLACE OF DEATH	BD 304
County Washington	Registration Dist. No
Village or City Near Hancock, Md.	No. St., Ward
20	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary Flizabeth Mann	If U. S. Veteran, specify WAR.
(a) Residence: No. Near Hancock, IId. (Usual place of abode)	St., Ward. F F D # 2 If nonsesident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Female 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH November 23, 1936 (Month) (Day) (Yaar)
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of Lewis Mann	22. OHEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Oct. 1, 1872	I last saw h 4 alive on Nov 21 , 1936; death is said
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at _ 6 : _ O _ An. The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. HOLDE WOLK 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Date daceased last worked at this occupation (month and spent in this securation (month and spent in this	Phone
10. Date daceasad last worked at this occupation (month and yaar) 11. Total time (yaars) spent in this occupation	
12. BIRTHPLACE (city or town) Washington County (State or country)	Other Centributory Causes of Importanca:
Thomas Snyder	Mowey to the
13. NAME Thomas Snyder 14. BIRTHPLACE (city or town) Washington County (State or country) Md.	Name of operation Dete of What tast confirmed diagnosis? Was there an eutopsy?
# 15. MAIDEN NAME Jane Bishop	23. If daath was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Jane Bishop 16. BIRTHPLACE (city or town) Washington County (State or country) Md.	Accident, suicide, or homicide?
17. INFORMANT Lewis Mann. (Addrass) Hancock, Md. R. F. D. 2	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Placa Stone Bridge, Md Bate Nov. 25, 19 3	Manner of injury
19. UNDERTAKER Snyder-Rowland Funeral Home (Addrass) Hancock, id	24. Was disease or Injury in any way related to occupation of deceased? If so, spacify (Signad) (Address) (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

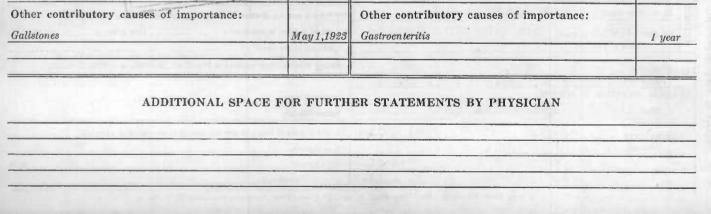
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
THEAU V. S.	3			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	



plnods

13. NAME 13. NAME 14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME CONTROL 16. BIRTHPLACE (city or town)

17. INFORMANT ALLS: CARRY B. Meegy

(Address) 144 CARRY B. Meegy

18. BURIAL, CREMATION, OR REMOVAL

Nama of operation _______ Data of _______ What tast confirmed diagnosis? _______ Was there an autopsy? ________ 23. If death was due to external causes (VIOLENCE) fill in also the following:

24. Was disease or injury in any way related to occupation of deceased? 20

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltisfore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage DEC 7 1936	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE O	F MARY	AND-CE	RTIFICAT	E OF	DEATH
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11780

1. PLACE	OF DEATH				-	-92-01		3	
	Washin r City Ha	gerst			death occurred in a	Madison hospital or institution v long in U.S.If of fo	, give its NAME in	St.,	
	dence: No. 44			nue	7 .	U. S. Veteran, sp. _Ward.		e city or town an	
PERSO	ONAL AND ST	ATISTICA			М	IEDICAL CER	* **		
3. SEX Male	4. COLOR OR R. White	ACE 5.	SINCIE MADI	RIED, WIDOWED,	21. DATE 0	No	vember 2	2 , (0ay)	, 193 6 (Year)
5a. If married, wi HUSBANO ((or) WIFE o	idowed, or divorced of f				22. No v	HEREBY		That I attended	deceased from
A DATE OF DID	TH (month, day, and yes	Augi	ust 5,	1920	Llast saw h	elive on			
7. AGE	16	2	28	If LESS than 1 day,hrs. ormin.	to hava occurred	on the date stated a	bove, at 3:30	P.m.	Date of onset
8. Trade, policy shind SAW	rofession, or particular of work dona, as SPIN YER, BOOKKEEPER, etc or business In which	NER, St	udent		y o ca	rtist	Inout	1 enicey	locis
work SAW	was dona, as SILK MII MILL, BANK, etc caased last workad at occupetion (month end	LL,	11. Totel ti	me (years) It in this					
yaar)	E (city or town)H		. OCCU	pation	Other Contributo	ory Causes of Importa	nce: V / f 1.8.84	en e	6700
13. NAME	James F.	McSh	erry						
	ACE (city or town)	Louder Pa	a			on			
15. MAIOEN	NAME Gene	vie B	ishop		23. If death was d	ue to external causes	s (VIOLENCE) fill Ir	n also the followin	ng:
	ACE (city or town)U te or country)		n			e, or homicide?			
(Address	James F Hagerst	own.	herry Md.		Specify whether	injury occurred in II	(Specify city or to NOUSTRY, in HOME	e, or in PUBLIC P	LACE.
18. BURIAL, CRE	mation, or removal agerstown			5 ,1936		/			
	R Fred W. Hagersto			1/2	24. Wes disease o	or injury In any way	<u> </u>	on ef deceased?	
	- 4-,1936	110	est	Registrar.	(Signad) (Add	dress) (J. 2	1 con	Jun 7	M. 0
		If more blan	nks are needed, a	ddress State Registrar,	2411 N. Charles Str	reet, Baltimore, Requi	esting V. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 7 1936			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER ST.	TATEMENTS I	BY	PHYSICIAN
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STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-0
County Washington	Registration Dist. No. 302
Village or City Hage storm	No. 919 Diew St., 4 Ward
110	(If death occurred in a hospital or institution, give its NAME instead of street and number)
0	losds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME David J. Miller	If U. S. Veteran, specify WAR
(a) Residence: No. 9/9 View St (Usual place of abode)	St., 4 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR BYODCED (write the word)	21. DATE OF DEATH NOV / 4 , 193 6 (Month) (Day) (Year)
5a. If married, widowed, or divorced	
(or) WIFE of alma Z. Miller	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) June 17. 18	I Just saw h 1 9 alive on 160. (2-1926; death is said
7. AGE Years Month Days If LESS than	
63 4 2 7 1 day,hi	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
8. Trede, profession, or particular	appearable and reflection
8. Trede, profession, or particular kind of work done, as SPINNER, Jime Keeper SAWYER, BOOKKEEPER, etc.	Hegy Disable
kind of work done, as SPINNER, Jime Reeper SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed lest worked at this occupation (month and	Cordine Myketroph v Deleventer
10. Date deceased lest worked at this occupation (month and year) 11. Total time (years) spent in this occupation 15	- Hypertension
10 1-1-16	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town)	A Property of the state of the
(State or country)	- vigne prosverior
13. NAME Beng & Miller	
14. BIRTHPLACE (city or town) Yorks	Nama of operation Dete of
(State of country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Matilda Ecker 16. BIRTHPLACE (city or town) Blassey Dayn	23. If deeth wes due to externel causes (VIOL ENCE) fill in also the following:
6 f6. BIRTHPLACE (city or town) Blasses Page	Accident, suicide, or homicide? Data of injury, 19
(State or country) Frederick our	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Maga alva, duyey	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Hageistown Mg.	
18. BURIAL, CREMATION, OR REMOVAL Place Ha gerstown Md Date Nov 16, 193	Manner of injury
19. UNDERTAKER Scott 7 Minnich + Son	24. Was diseesa or injury in any way releted to occupation of deceesed?
(Address) Angustour md	If so, specify
20. FILED 11-16-, 1936 Chalf Bowe Registrar.	(Signed) Student M. (Address) // 2007/100 Student M.
	ear, 2412 N. Charles Street, Baltimore, Regulation S. St. Dan May
	· Caran

CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis 7 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Lancard Control of the Control of th			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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RECORD

INLY,

WRITE

HYSI- Exact	PLACE OF BEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
ACTLY, Passified.	Village or City House (No. Wook)	Registration Dist, No. Registration Dist, No. (If death occurred in e hospital or institution, give its NAME in
er!y clar	2FULL NAME JOUY (NO	stead of street and number.)
op	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
d be stack of	4 COLOR OR RACE SINGLE, MARRIEO. WIDOWED: OR DIVORCED (Write the word)	(Month) (Day) (Year)
CE choul	6 DATE OF BIRTH (Month) (Day) (Year)	that I last sew h . Calive on
piled. ACE	7 AGE O yrs. O mos. O ds. If LESS than I day O hrs. or O min.?	
sup in tel See	(a) Trade, profession or particular kind of work	
arefully I in pla ortant.	(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Durgion yr mos de.
d be careful be EATH in y importa	9 BIRTHPLACE (State or county)	(Duration)yırı dıs.
should is ory	FATHER NUMBER OF THE PARTY WILLS	(Signed)
CAUS CAUS	OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State he lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Absidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trans-
f Inform d state	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place of leath
em o shoul	(Informant)	Former or usual residence
Every item CIANS sho statement	(Address) Halls form My	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL , 19
BEve CI.	Filed //-/8- 1984 6 Mass Houses	20 UNDERTAKER ADDRESS
ż	If more banks are needed, address tate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

11789

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, g gcd in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Solesman, additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. ployed, as At school, or At home. Care should be taken Physician, Compositor, Architect, Locomotive engineer, household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealetc., report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neceshome, who are engaged in the duties of the yrs).. Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Doy (b) Automobile foctory. The material For persons who have no occupation single word or term on 6 Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same diselse. Examples: Cerebrospinal Typhoid fever (never report "Typhoid Pneumonia") fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-Striement of Cause of Death-Name, first, the DIS-EA: 3 CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

canswered in detail, it will prevent further correspondence. All table is essential and must be obtained before the certificate

All the

permanently filed.

tetanus) may be stated under the head of "contributory." carbolic ocid- probably suicide. The n.ture of the injury, Recommendations on statement of cause of death American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "E:haustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "Ezhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthonia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. (secondary or intercurrent) use of "Tumor" (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train-Chronic interstitiol nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-If this certificate is looked over thoroughly and a l qu stions "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJULY " "Weakness," etc., when a definite disease for malignant neoplasms); Chronic Example: Measles (discase etc. The contributory affection need valvular heart diseose; Nomenclature of the Measles ; not be

	County Wash	nington	وي الإنجام والمحادث المحادث ال	-49 0		Registration Dist. No	302
	Village or City Ha	-		10	death occurred in a hospital or ins	Ivania Avenue statution, give its NAME instead of street if of foreign birth?yrs	St., 5
							mos
2.	FULL NAME En				If U. S. Vetera	an, specify WAR	
	(a) Residence: No 6	Jo Tell	(Usual place	ta Avenue	St., ward.	If nonresident give city or to	wn and Stat
	PERSONAL AND	STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH		
3. S	Female Col	or RACE		RRIED, WIDOWED, ED (write the word) OW	21. DATE OF DEATH	No vember 5,	, 19
5a.	If married, widowed, or divormed HUSBAND of (or) WIFE of Thom	as Mon	roe			BY CERTIFY, That I at	
6. D	ATE OF BIRTH (month, day,	and year)	ay 8, 1	865		Jun 5-1	
7. A	GE Years 71	Months 5	Days 28	If LESS than 1 day,hrs. ormin,		teted ebove, also 50P m. EATH and ralatad causes of important	ce Da
OCCUPATION	8. Trede, profassion, or per kind of work dona, a SAWYER, BDOKKEEF 9. Industry or business in work was done, as SI SAW MILL, BANK, et 10. Date deceesed last work this occupation (mon	which LK MILL, c	11. Total	rk time (years) ent in this	Ohronic	my cardel.	5
12.	BIRTHPLACE (city or town)(State or country)		000	cupation	Other Contributory Causes of in		,
2	13. NAME Unkno				nsom	hephaly	
I	14. BIRTHPLACE (city or tow (State or country)		nown			Da	
ER	15. MAIDEN NAME Pr	icilla	Brown			causes (VIDLENCE) filt in elso tha fo	
MOTHER	16. BIRTHPLACE (city or tow (State or country)	Shar Mo	osburg			Date of Injury	
17.	INFORMANT Mrs. (Address) Hager	Leo Crostown,			Specify whether injury occurre	(Specify city or town, county a d in INDUSTRY, in HOME, or in PUB	and State) LIC PLACE,
18.	BURIAL, CREMATION, DR RE	MOVAL		7 ,1936	Manner of injury		
19.	UNDERTAKER Fred (Address) Hage	W, Krai	iss,			y wey related to occupation of deceas	
20. FILED NOV Q 1936 Solla SHOOWS					(Signed) M. G	a Lordon	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

11785

1. PLACE OF DEATH	50 ×
County Washington	Registration Dist. No. 302
Village or City Hageistown	ND. 709 S. Fotomusc St., 2 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ads. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Vernie K. Newcor	If U. S. Veteran, specify WAR
(a) Residence: No. 709 S. Potomac (Usual place of abode)	St., 2 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH France 20 1936
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSDAND of Cory WIFE of Daniel 77	22. I HEREBY CERTIFY, That I ettended deceased from 1936, to 20 1936
6. DATE OF BIRTH (month, day, and year) not know 1872	I last saw h. e. alive on swore 1 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Carcanonia & Brest
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (most) and	
SAW MILL, BANK, etc.	
O this occupation (month and year)	2.20
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country) That and	The Co
13. NAME John Len	
14. BIRTHPLACE (city or town).	Neme of operation Date of
(Gate of county)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Amara da 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDL ENCE) fill in elso the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Daniel M. Mewtony (Address) Hageistown Mid.	Specify whether injury occurred in INDÚSTRY, in HOME, or In PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place /300011000 Date /23, 193	Nature of Injury
19. UNDERTAKER la : M. Sutter 8 ton	24. Wes disease or injury In eny way related to occupation of deceased?
(Address) Hageystown mo	If so, specify may 2 grotun
20. FILED (1 - 20-, 19.8 Caleful) Registrar.	(Signed) M.D. (Address) / Augustown M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	at Acon	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DEC 7 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

3	1	14.	(13	
1	1	6	Ò	11	

1. PLACE	OF DEATH			34
	Washington			Registration Dist. No. 302
Village o	r City Hage	ESTOWN.	Md .	No. 29 S. Polonical St. La Ward
			\a.	death occurred in a horpital or institution, give its NAME instead of street and number)
				ds. How long in U.S. if of foreign birth?yrs,mosds.
2. FULL N		y Petti		If U.S. Veteran specify WAR
(a) Resid	dence: No. 629 So	(Usual place		St., Ward. If nonresident give city or town and State
PERSO	ONAL AND STATIS			MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE		RRIEO, WIOOWED,	21. DATE OF DEATH
Female	White	OR DIVORCE	D (write the word)	Nov. 21 ,193 6
5a. If married, wid	dowed, or divorced	. 511	IRTE	(Month) (Day) (Year)
HUSBAND o (or) WIFE of	f and the second second			22. HEREST CERTIFY, That Lattendedogageased from
				195 6, to 190 190 190 190 190 190 190 190 190 190
	H (month, day, end year)	Oct. 8	,1936	I last saw h; daath is said
7. AGE	Yaars Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 4.2 Q Qm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
	1	13	ormin.	ware as follows:
8. Irade, prokind o	ofession, or particular of work done, es SPINNER, ER, BOOKKEEPER, etc			DA A
9. Industry	or businass in which			Xy/r whi
SAW	was done, as SILK MILL, MILL, BANK, etc			
0 10. Date dace	eased lest worked at ccupation (month and	11. Totel t	time (years) ent in this	John John John John John John John John
year)		003	upation	Othar Contributory Canses of Importance:
12. BIRTHPLACE	(city or town) Hagers	stown, Md.	4	
(State or o				
13. NAME	William D. F	ettit		do And
4.	ACE (city or town)Md.			Name of operation
(21616	or country)			What test confirmed diagnosis 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
15. MAIDEN 16. BIRTHPLA	NAME Zora Bu	rgan		23. If death was due to external causas (VIOLENCE) fill Ip also the following:
16. BIRTHPLA	ACE (city or town)	Md.		Accidant, suicide, or homicida?, 19, 19, 19
- 1 (State				Whare did Injury occur? (Specify city or town, county and State)
17, INFORMANT (Addrass)		Pettit	~±	Specify whethar Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
()	629 South	PO LOMELC	06.	Manner of Injury
Plece_H	agerstown, Md	Data NOY	23 ,19 36	Natura of Injury
40 11410-71	Fred W	Kraiss		24. Was disease or injury in any way calated to occupation of dacaased?
19. UNDERTAKER (Addrass)	Hagerstow		1	If so, spacify
20. FILEO//-	2 2 1 12	MANA	Spersons,	(Signed) M. D.
20. FILEOZ	199 200	with the	Registrar.	SAddress Language Town 10

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:	Wanger !	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATE	MENTS BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration Dist. No.

Date of onset

1. PLACE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Atlack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

11788

1. PLACE OF DEATH	1844
County Washington	Registration Dist. No. 302
	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
0 n D	ds. How long In U.S. if of foreign birth? _/
2. FULL NAME 2 got 1 op	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERT1FY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) 7-28-1898 7. AGE Years Months Days If LESS than I day,hrs. orhrs. ormin.	I last saw h
kind of work done es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) 2. State or country) 2. State or country) 2. State or country) 3. NAME 7. State or country)	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide account bate of Injury 1991. Where did injury occurrent additional way was that
17. INFORMANT A Land (Address) New york bity 18. BURIAL, CREMATION, OR REMOVAL	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Hanner of injury State And Andrew Andre
Place Hagenslow Oato 1/8 ,1936	Nature of injury A. S. A. A.
19. UNDERTAKER 6 M. Suler Foons (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 11-18-, 1936 6 HAST Bowers	(Signed) AM D. Dump
Pariet-1	(Address)

N. B.—WRITE PLAI

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Example I	3	Example II	
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Chronic interstilial nephritis DEC 7 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N8 X2 2	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infok- state UPA-	1. PLACE OF DEATH	
7.	county Washington	Registration Dist. No. 302
item of should of OCC	Village or City Hagerstown	No.VVash Co Hospital st. 3 Ward
**		death occurred in a horpital or institution, give its NAME instead of street and humber) ds. How long in U.S. if of foreign birth?mosds.
Every IANS ment	2. FULL NAME SUAQUA Alice Read.	If JL. S. Veteran, specify WAR
D. Ev	(a) Residence: No. Maron - Dixon Ta	St., Ward.
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
REXACT	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOQWED,	MEDICAL CERTIFICATE OF DEATH
EX	Female white OR DIVORCED (write the word)	(Month) (Day) (Year)
BINDING PERMANEN E X A C T I y classified. te.	5a. If married, widowad, or divorced HUSBAND of Seth D.	22. I HEREBY CERTIFY, That I attended deceased from
BINI EX EX class	6. DATE OF BIRTH (month, day, and year) Febu 14 - 1890	I lest saw had alive on New 27 19.36 death is said
R B PE d E erly icate	7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 1. 10 Pm.
FOR B. IS A PE stated E properly certificate	46 9 /3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
- 70	8. Trade, profassion, or particular kind of work dona, as SPINNER, Housewile.	
RESERVED IG INK—THIS IGE should be that it may be ons on back of	9. Industry or businass In which work was dona as SILK MILL.	Coronary occlusion
INK—T should t it may on back	SAW MILL, BANK, etc	
RES VG II AGE that	10. Date daceased last worked at this occupation (month and 1436 spent in this occupation 1.1.4.)	
2 4	12. BIRTHPLACE (city or town) 5 reeu castle	Other Contributary Causes of importance:
ARGIN NFADI pplied. erms, so instruct	(State or country)	Bronchetes acute
	13. NAME JOMN Layman- 14. BIRTHPLACE (city or town) Syew castle	
	14. BIRTHPLACE (city or town) GY Peu Cas tu	Nama of operation Date of
rully in pla	# 15. MAIDEN NAME Porte per Leigler	What tast confirmed diagnosis? Was there an autopsy? 23. If death wes due to external causes (VIOL ENCE) fill in also the following:
LAY, WITT be carefully EATH in pla	16. BIRTHPLACE (city or town) SYR ducas 34	Accident, suicide, or homicide? Date of injury19
AIL Y, Id be cal DEATH y import	S (State or country)	Where did injury occur?
A bid y	17. INFORMANT Seth D (reed (Address) Mas m - Diran	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
E PI shou E OF	18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
WRITE ation s AUSE ION is	Piace Y Jeucalles & Data // 179., 1936	Nature of Injury
mation CAUSI	19. UNDERTAKER 7. 2. Coffman (Address) + Gash Status Use	24. Was disease or injury in any way related to occupation of deceased?
B.	20. FILEO 1/- 28-1936 Chart 13 owers	(Signed) Affelle fayman M.D.
Shauma	Registrar.	(Address Tragersteam, My
NISIUGMU	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC T 1938			
Other contributory causes of importance:	,	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A- A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	93-0
	county Washington.	Registration Dist. No. 302
item of should of OCC	Village or City Mt Hope Mills-	No. St., War
N ii S ii		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. it of toraign birth?yrs
ANN	0 1 211 3	
9. Every YSICIAN statement	2. FULL NAMEY YS Daxah Ellen Mes	
	(a) Residence: Now t to pe 1) 115. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PHY act st	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
REC. PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
£5.	tenal white widow-	(Month) (Day) (Year)
BINDING PERMANEN EXACTI ly classified.	5a. If married, widowed, or divorced HUSBAND ot	22. A SHEREBY CERTIFY That I attended deceased fro
AA (A)	(or) WIFE of Martin T.	22. HEREBY CERTIFY. That I attended deceased fro
EXE.	6. DATE OF BIRTH (month, day, and year) Sent 11-1864	Hast saw h & aliva on MOV. 17 193 4 : death is sa
P. H. d. J. d. J. srly	7. AGE Years Months Days It LESS than	to have occurred on the date stated above, at
FOR B IS A PE stated E properly	7 2 2 6 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	8 Trade protession or particular	Date of onse
ED HIS be be of	kind of work done, as SPINNER + D usou . X e	My cardino T, 0
ERVI VK-T should it may n back	Kind of t work done, as SPINNER DUSOUS: X P SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	1 poronan Embourn
INK.	O 10. Date deceased last worked at 11. Total time (years)	Chronic myocarfitise lugger
REN VG I AGE that	this accupation (month and year) 1114-3-16	Devation & one years
ARGIN RESERVED INFADING INK—THIS pplied. AGE should be terms, so that it may be instructions on back of	12. BIRTHPLACE (city or town) Williams put	Other Contributory Causes of Importance:
AD AD ed. s, s	(Stata or country) md.	
ARGI UNFA supplied n terms, ee instru	13. NAME Wy aced. 14. BIRTHPLACE (cry or town) W 11: ares yest.	
	[14. BIRTHPLACE (city or town) (D) 11: the post	Name of operation
F tig	(otate of country)	What test confirmed diagnosis? Was there an autopsy?
LAY, WIT be carefully EATH in pla	15. MAIDEN NAME (a control of the state of	23. It daath was due to external causes (VIOLENCE) fill in also the following:
car L'H	16. BIRTHPLACE (city or town)	Accident, sulcide, or homicida?
AICAY, dd be cal DEATH	Mac Mai S Real	Where did injury occur?(Specify city or town, county and State)
	17. INFORMANT LVV) LULL CES LEST.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
PLA Should OF D	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
E ST	Placa Introduce Data My. 1936	Nature of injury
WRITE action s AUSE AUSE	19. UNDERTAKER A- 17. COXXVII au	24. Was diseasa or injury In any way related to occupation ot deceased?
1 E O.E.	(Address) Hagey Stown Les	It so, specity
Si M	20. FILED Nov. 18th, 19.36 Janet In Prisugander	(Signed) & ff // ms/h cm M.
Mi march	Beputy Registrar.	(Address of a person Md
Mr. Travaca	If more blanks are needed, addred State Registrar,	2412 N. Charles Street, Baltimorf Requesting U. S. No. 1.

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BINDING

RESERVED

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PERSAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE

V. S. No. 1 Ä. NOIL

20. FILED Provember 21, 193

should state of inforOCCUPA.

jo

1. PLACE OF DEATH

ngton	Registration Dist. No. 302
r Fairview, Md.	No.
or town where daath occurred 18 yrs. mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
ra Retta Rubeck	If U. S. Veteran, specify WAR
Vear Fairview, Md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIOOWED, OR DIVORCED (prite the word) Married	21. DATE OF DEATH November 19, 193 (Month) (Day) (Yaar)
athan Rubeck	1 HEREBY CERTIFY, That I attanded deceased from
nd yaar) April 13, 1894	I last saw her aliva on November 19, 19, 3 F, daeth is said
Months Oays If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and releted causes of importance
SPINNER, Home Work	were as follows: adenon-Carcinorya Date of oncet
ich (MILL,	of the Stonoch 3 times
at 11. Total time (years) and spent in this occupation	
McConnelsburg Pa.	Other Contributory Causes of Importance: Tustitue hyplantis
Knable	
Fulton County Pa.	Name of operation. Live Oate of Jesus (What test confirmed diaglobases Cal Synglawas there are autopsy? How
para E. Mellott Fulton County Pa.	23. If death was due to axternal causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
n Rubeck spring, Md. R. F. D.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
oval Md. Date Nov. 22 1936	Mannar of injury
Rowland Funeral Home rspring, Md.	24. Was disease or injury In any way releted to occupation of deceesed?
6 Janet M. Miswander	(Signed) 4. Churque M. O.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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BUGEAU N. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	البيسيا		

V. S. No. 1

	infor-	state	UPA-	1
	Jo ma	Plnoy	000	
	ite	20	of	1
)	RD. Every	YSICIANS	statement	
	r RECO	Y. PH	Exact	
DISTRICT TOTAL TENTE TOTAL PROPERTY.	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
TOTAL DI	IS A PE	stated E	properly	ertificate.
7	IIS	pe	pe	of c
TA VITTOR	INK-TH	B should	t it may	TION is very important. See instructions on back of certificate.
TAT ATT	DING	d. AG	, so tha	uctions
DATUTE	UNE	supplie	n terms	ee instr
R	WITH	refully	in plai	ant. S
	MALY,	be cal	EATH	import
	PL	plnou	OF D	very
	WRITE	iation s	AUSE	NOI!
	10	=	U.	I

STATE OF MARYLAND—CERTIFICATE OF DEATH

1.	PLACE OF	DEA	гн	1 1/1/ (1)		DEATH ISATE OF BEATH	
	County Village or Ci	ty T	Washir lag e rst		shington	Registration Dist. No. 36 Consumity Hospital St., I death possured in a horpital or institution, give its NAME instead of street and r	3 Ward
	Length of resid	lence in ci	ly or lown where d	leath occurred	yrsmos	ds. How long in U.S. If of foreign birth?	osds.
2.	FULL NAM		Patty S 142 E.	Showe Frankly (Usualplace		St., Ward. If U.S. Veteran specify WAR	State
	PERSON.	AL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Fe	emale		r OR RACE	5. SINGLE, MAR OR DIVORCE Sing	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Nov 29 (Month) (Day)	, 193 ⁶
1	married, widowe HUSBAND of (or) WIFE of	ed, or divo	rced			22. I HEREBY CERTIFY, That I attended	deceased from
6. DA	TE OF BIRTH (month, day	, and year)	Dec 31,	1926		; death is said
7. AGI	E Year	5	Months 10	0ays 29	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
NO	8. Trade, profess kind of we SAWYER,	sion, or pa ork done, : BOOKKEE	rticular	chool o		Tenings.	Date of onset
OPAI	9, industry or b	usiness in done, as S	which	***********	• • • • • • • • • • • • • • • • • • • •	/ Pentry go acesus:	1926/36
0 1	10. Oale deceased last worked at this occupation (month and year)				nt in this		
12. BI	RTHPLACE (city (State or count			gerstow, ryland.	·	Other Contributory Causes of importance:	
7 I	3. NAME		Herman	Showe			
1	4. BIRTHPLACE		"""/	erstown yland.		Name of operation Oate of What test confirmed diagnosis?	
1	5. MAIDEN NAM	ne 1	Jargaret	Young		23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town) Hagerstown (Stale or country) Maryland.					1	Accident, suicide, or homicide?	, 19
17. IN	FORMANT	Ha	Herman gerstov		•••••••	(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	ACE.
18. BU	IRIAL, CREMATI PlaceRest	ON, OR R			1 ,19 36	Manner of injury	
19. UNDERTAKER Fred W. Kraiss. (Address) Hagerstown.//						24. Was disease or injury in any way related to occupation of deceased?	
20. FII	LED [2-]	, 1	9366K	ufflor	Registrar.	(Signed) V Celm / Mm (Address) 6) 9 lat 1/1/2 h 1 cupt	m.D.

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Example I		Example II	Ziam pics.
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	y A	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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V. S. No. 1

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should state

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11795
1. PLACE OF DEATH	81-2
2.6.0	Registration Dist. No. 302
County M. Manufacture	registration bist. No.
Village or City A adeistoron	No. 7 7 8 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,mgs.	ds. How long in U.S. if of foreign birth?ds.
Charles La Roy Sle	Ladest U. S. Veteran, specify WAR
111111/ 21 201.000	
(a) Residence: No. 4742 (Usual place of abode)	St., 4 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID OWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	193 6
male while manua	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIEE of Plank.	Mov. 13 1936 to Mov. 14 1936
6. DATE OF BERTH (month, day, and year) May 12-1890	I last saw h. As alive on Associated 9 19 24 death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12 Madurals
46 6 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
2 Trade profession or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Cerebral Hemorrhage un 13h
9. Industry or business in which	Q
work was done, as SILK MILL, Propulation SAW MILL, BANK, etc.	
0 10. Date deceased lest worked at 11. Total time (years)	
o this occupation (month and spent in this occupation	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stete or country)	1/7/2 Freia
	Mac. h
14. BIRTHPLACE (city or town)	11.00
4. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of
(State of country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Ellen Lenhaus 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
0 16, BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MISS drillean Shrader	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Hugerstown, Md	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Hageistown Dale 1,1936	Nature of Injury
19. UNDERTAKER C. M. Suter & Sons	24. Was disease or injury in any way releted to occupation of deceased? 40 -
(Address) A agerstown mid	If so, specify
11-17-36 breast 3- 10h	(Signed) Muly Mellinan M.D.
20. FILED 1	(Address) Haggston Mid

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DEC 7 1930	100		
Other contributory causes of importance: V. S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			20.00

ADDITIONAL SPACE FOR FURTHER ST.	PATEMENTS 1	BY 1	PHYSICIAN
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A te	STATE OF MARYLAND—	CERTIFICATE OF DEATH 11796
infor- state UPA-	1. PLACE OF DEATH	93-0
of of old	County Mushington	Registration Dist. No. 303
	Village or City Clear spring	No. St., Ward
× 2 +		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
D. Every YSICIANS statement	2. FULL NAMEY May 1, Catherine Smit	
SICI ater	(a) Residence: No lagranain in his	St. Ward.
	(Usual place of abode)	If nonresident give city or town and State
REC. PH.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
ING NENT CTL)	5a. If married, widowed, or divorced	(Month) (Day) (Year)
BINDING FRMANEN EXACTI y classified te.	HUSBAND of (or) WIFE of	22.1 / I HEREBY CERTIFY, That I attended deceased from
BIND ERMA EXA class	maries b.	flely 300 1934, 10 Lion 37 1936
	6. DATE OF BIRTH (month, day, and year) QCT 1- 1859	I last sawn Les alive on Most. 19.36; death is said
FOR B. IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at _I.IIII.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
F(IS sta pro pro	8. Trade, profession, or particular	were es follows: Date of onest
SD HIS be be of	8. Trade, profession, or particuler kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	() 6,1,1,
RVF C_T ould may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Dyrcardeles years
RESERVED G INK—THIS GE should be that it may be ons on back of	10. Date deceased last worked at 11. Totel time (years)	
RES NG IN AGE that ons o	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 10.4. Y.S.	
Z	12, BIRTHPLACE (city or town). New Salem	Other Contributory Causes of Importance:
AD AD ed. s, s	(State or country) Md.	
TARGIN TH UNFADI TH UNFADI Thy supplied. plain terms, so	13. NAME (Andrew Bostetter	
H U sul	13. NAME (Andrew Bostetter 14. BIRTHPLACE (city or town) New Saleur	Name of operation Date of Date
In Figure 1	(State or country) m (0,	What test confirmed diegnosis? Telling. Was there an autopsy
be carefully EATH in pla	15. MAIDEN NAME Wesser M: Nev 16. BIRTHPLACE (city or town) Mew Saleur (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
A. A. C. A.	[State or country]	Accident, suicide, or homicide? Date of Injury, 19 Where did injury occur?
I be imp	17. INFORMANT MYS CA. TENNEL	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
E PLA Should OF D	(Address) Clearshring, my	
Sh sh is v	Place St Yauls Cauma Oate M. 5 1936	Menner of injury
WRITE ation s AUSE ION is	P1808 34 1 444 1 44 1 1 1 1 1 1 1 1 1 1 1 1 1	Nature of injury
H (C/C) E	19. UNDERTAKER THE CATALOGUE (Address) Hara Catalogue	24. Was disease or Injury In any way related to occupation of deceased?
S. No.	(Address) Hayerstown w	(Signature of Perry M.D.
> z	20. FILEO. 100	(Address) & learstring land
W. Penny.		2411 N. Charles Street, Baltimore, Requesting C. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage UEC '7 1930	July 5, 1927	Peritonitis	3 days ago
L. Reall V.			
Other contributory causes of importance:	in man. Aphylicationsphylosisis	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND-	CERTIFICATE OF DEATH 11797
1. PLACE OF DEATH	(0.5)
county Washington	Registration Dist. No. 302
AT LINE OF THE OF	Mark Carlotter Land
	No. St, Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmos ds.
2. FULL NAME \10 aggie Dallhamer	Socles
9/4-0	
(a) Residence: No. allululul Mu (United place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR_OR RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	100 - 19 , 193 6
H. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of	22. HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Genry Docks	Oct - 24 136 10 201-19 1036
6. OATE OF BIRTH (month, day, end yeer) Cost 31 1854	I last saw her alive on 2007 - 18 , 1936 ; deeth is seid
7. AGE Years Months Deys If LESS than	to have occurred on the date steted above, et
82 0 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	were es ronows:
o kind of work done, as SPINNER, bouse Work SAWYER, BOOKKEEPER, etc.	Yeren alged actoris -
9. Industry or business in which	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Scerous
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oato deceased last worked at this occupation (month and spant in this	Cerebral Kemorohage 10/17/36
yeer) occupetion	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance.
(State or country) Chewsurlle Ma	
13. NAME Tarel Dalillanue	
Ĭ.	Nemo of operation
14. BIRTHPLACE (city or town) (State or country)	Whet test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME MOLOGISCH Harmon	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Masgaret Harmon 16. BIRTHPLACE (city or town) July Stylings Cq. (Stele or country)	
O 16. BIRTHPLACE (city or town) The State of Country)	Accident, suicide, or homicida?Oata af injury19
- (State of county) - Fred	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT MA THO Socks (Address) Burna rita Pa	Specify whether injury occurred in INDÚSTRY, in HOME, or In PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL POLIMETERY	Manner of injury
Place / tastaugh	Nature of injury
Walter 4 Grove	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER Walleston Par	If so, specify
11-21 126 Sohart Bounes	(Signed) Walles Hwishord M.D.
20. FILED (The State of State	(Address) Wandler Pa

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		EGG (Fine contract of the Pile Special)	
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 yeor

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	
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V. S. No. 1

20. FILED / - 3

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11798
1. PLACE OF DEATH	
county Mashinaton	Registration Dist. No. 302
Village or City Klug Cr5f Gurm.	No. XX (St., 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds.
11 01	If U. S. Veteran, specify WAR
(a) Residence: No. 411 Clayed on 17 n	St., 6 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Mor 24 1936
5a. If married, widowad, or divorced	(Month) (Oay) (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(or) with or	, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) JUALO 11 - 1912	I last saw h aliva on 19; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm
7 /	The PRINCIPAL CAUSE OF DEATH and related causes of importance
1 9 Trade controller constitution	were es follows: Oats of onest
8. Treda, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 1. 1. C. C. 1. 1. S. 1	
9. Industry or business in which	
9. Industry or business in which work was done, as SILK MILL, LATURE RAY, etc.	
O 10. Oate deceased last worked at 11 Total time (years)	
this ecupation (month and year) - 14-30 - spent in this occupation 2 70.	
15	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) 1 2 70 00 7 00 1 00 1 00 1 00 1 00 1 00	
	-
13. NAME = mer & Spickler 14. BIRTHPLACE (city or town) - air view-	
2 14. BIRTHPLACE (city or town) - air view -	Name of operation Oate of
(State or country)	What test confirmed diegnosis? Was thara an autopsy?
15. MAIOEN NAME OCYTHA CYEGGEY 16. BIRTHPLACE (city or town) + 1990 CYSTO LYNn -	23. If death was due to external causes (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) Hagerstown.	Accident, suicide, or homicide? accardent Data of Injury orbv. 29 1986
(State or country)	Where did Injury noone? Mear Cearly Work Count
Elian Ca Siardi	(Specify on town, county and State) Specify whether Injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT 1-1 YM & S SY CKIEY-	On a Luglinary
18. BURIAL, DREMATION, OR REMOVAL	
Place Droadywding Oate 12-1- 1936	Manner of Injury
Valority Val	Natura of Injury To elled in auto- Wobile assident
19. UNOERTAKER A. D. Oox Juan	24. Was disease or Injury in any way related to occupation of daceased?
(Address) Hagger Stayon Lus.	If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example 11	
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Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MAULEATT V. R			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	<u>'</u>		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PH	HYSICIAN
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V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

	3	IAIL	MAIN	ILAND	CERTIFICATE OF DEATH	-
1	. PLACE OF DEA				160-8	
	County Was	hington	17776678373077		Registration Dist. No. 30 2	
	Village or City				No. Washington County Hospistal 3 w If death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long in U.S. If of foreign birth? yrs. mos.	/ard
2	. FULL NAME				If U. S. Veteran, specify WAR	
	(a) Residence: No		(Usual place	of abode)	St., H Ward. If nonresident give city or town and State	
	PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	_
3.		r or race	S. SINGLE, MAR OR DIVORCES Single	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH November 24, 193 6 (Month) (Day) (Yeer)
5a.	If married, widowed, or divo HUSBAND of (or) WIFE of	orced			22. I HEREBY CERTIFY, That I attended decressed thou. 22, 136, to For. 24	from
	DATE OF BIRTH (month, de	wand warry N	OT 22	.1936	i last saw haise elive on 24 , 1936; death is	sald
	AGE Years	Months	Devs	If LESS than	to heve occurred on the date stated above, a6:00P m.	
	0	0	2	1 dey,hrs.		
NOCCUPATION 12	8. Trede, profession, or p kind of work done, SAWYER, BOOKKEE 9. Industry or business in work wes done, as SAW MILL, BANK, 10. Date deceased last wo this occupetion (mo year) BIRTHPLACE (city or town) (State or country)	as SPINNER, EPER, etc		me (years) nt in this pation	Correlation Hoursboge how. (Long for capts Dalwary) 19 Other Contributory Causes of importance:	36.
ER	13. NAME Edwa	ard Stei	inmetz			
FATHER	14. BIRTHPLACE (city or to (State or country)	own) Hage		·	Neme of operation Dete of What test confirmed diagnosis? Wes there an autopsy	ω.
ER	15. MAIDEN NAME	Goldie	Stone		23. If deeth was due to externel causes (VIOLENCE) fill in elso the following:	
15. MAIDEN NAME Goldie Stone 16. BIRTHPLACE (city or town) Hagerstown (Stete or country) Md.			erstown.		Accident, suicide, or homicide?	
			1, Md.	25, 1936	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME or in PUBLIC PLACE, Manner of injury Nature of injury	
19.	UNDERTAKER Fred (Address) Has	W. Kra	iss.		24. Was disease or injury In eny wey related to occupation of decessed?	
2D.	FILED //- 25	1936-197	cestro	Registrar.	(Signed) (Address) frage tom and	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HURBAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE

mation

NOL

19. UNDERTAKER

pluods

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH Washington Registration Dist. No. Washington County Hospital. Hagerstown (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town whera death occurrad. 2_vrs_____ds. How long in U.S. If of foraign birth?_____yrs.____ds statement Patricia Ann Suter. If II.S. Veteran specify WAR 452 Park Place. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OF PIVORCED (write the word) Female White (Month) 5a. If merriad, widowad, or divorced HUSBAND of 22. HEREBY CERTIFY. Thet I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Nov 18, 1934. 7. AGE Months Days If LESS than to have occurred on the date steted shove at 24 1 dayhrs The PRINCIPAL CAUSE OF DEATH and ralated causes of importance or____min_ were es follows: 8. Trade, profassion, or particular kind of work done, as SPINNER, OCCUPATION SAWYER, BOOKKEEPER, atc back 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, atc. 10. Dato deceesad lest worked et 11. Total time (years) this occupation (month and occupation _. instructions Hagerstown 12. BIRTHPLACE (city or town) ___ Marvland. (State or country) FATHER Arthur G. Suter 13. NAME Harrisburg 14. BIRTHPLACE (city or town). Pa. (State or country) What test confirmed diagnosis? MOTHER Marie A. Park. 15. MAIDEN NAME important. 23. If deeth was due to externel ceuses (VIOLENCE) fill in elso tha following: Harrisburg 16. BIRTHPLACE (city or town) Pa. (Stete or country) Where did injury occur?.. (Specify city or town, county and State) Arthur A. Suter Spacify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE very Hagerstown. OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury AUSE Harrisburg

Fred W. Kraiss.

Hagerstown. Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Netura of Injury

If so, specify

(Address)

24. Was disaase or injury in any way ralated to occupation of decaased?__

(Day)

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Corebral homograpas	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. Mo. 1.

BINDING

ARGIN RESERVED

S. No.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DERRESH W. S.	£		
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11802
1. PLACE OF DEATH	(68)
county (a shi ng ton	Registration Dist. No. 302
Village or City Haqxxstown	ND. 825 Mary land Hr. St., Ward death occurred in a horpital or institution lave its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAMEMYS Harriett Turner	If U. S. Veteran, specify WAR
(a) Residence: No. 825 Mary and Arg	St. 2 Ward.
(Usdai place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WI ADW	21. DATE OF DEATH (Month) 3 (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of VV: 11: au W.	6 UT 19 , 1906, to Nov 13' , 1956
6. DATE OF BIRTH (month, day, end year) (- 10 y 1) 2 - 1845-	I last saw h alive on A the 12, 1916; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to heve occurred on the date stated above, at
	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years)	y oban Pulluming
9. industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) 12. 12. 12. 12. 12. 12. 12. 12. 12. 12.	
12. BIRTHPLACE (city or town) Lunks to un	Other Contributory Causes of importance:
(State or country) md,	
14. BIRTHPLACE (city or town) - www.stown	
Z 14. BIRTHPLACE (city or town) - wwks town	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
I 15. MAIDEN NAME US QUE May seet.	23. If death was due to external causes (VIOLENCE) fili In also the following:
16. BIRTHPLACE (city or town) - Luke stour	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CASUS U.Y. her (Address) + Ga ex stown Wed	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Daken ville led Date 1/154 15, 1936	Nature of injury
19. UNDERTAKER H-K. COXX man (Address), Hogerstoanship	24. Was disease or injury in any way related to pocy attorn of declased?
2D. FILED 1/73-, 19 7 MANTION Registrar.	(Signed) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example II		
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
DEC 7 1936				
Other contributory causes of importance:	FEETEN	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TADDITAGE	OFINOT	TOTA	T CIVILITIE	DIZZILIMIZITI	DI	TITIOTOTIVI

FOR BINDING IARGIN RESERVED

V. S. No. 1

UNFADING INK-THIS IS A PERMANENT RE stated EXACTLY. properly classified. certificate. SE OF DEATH in plain terms, so that it may be See instructions on back of AGE should be mation should be carefully supplied. is very important. B.—WRITE PLAIN

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(93°C)
County Nashing lon	Registration Dist. No. 3/6
Village or City Kanderville had	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) 15. ds. How long In U.S. If of foreign birth?
2. FULL NAME I V CALCALL CL U CALCAL	MWE.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Machine The Words	21. DATE OF DEATH
5a. If marriad, widowad, or divorced HUSBAND of Wartha S Valenting (or) WIFE of Wartha S	22. Sefe - 1936 to Ware: 3 1936
6. DATE OF BIRTH (month, day, and year) FAL 2 = 1874 7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 2.2. Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were a follows:
8. Trada, profession, or perticuler kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date december on month and this pecunation (month and specific or the pecunation (month and specific or the pecunation of month and specific or the pecunation of the pecunat	Mrone Myo corolly 2
12. BIRTHPLACE (city or topp) Kanay swelly hel	Dther Contributory Causes of importance:
(State or country) 13. NAME Colorin Valuation 14. BIRTHPLACE (city or town) Ulica Mills	
14. BIRTHPLACE (city or town) Wice mills	Neme of operation Data of
(State of country)	What tast confirmed diagnosis?
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Control (Stete or country) 16. Stete or country)	23. If death wes due to external causes (VIDLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT Foster C. Valentine (Addrass) Kerolys villes med	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
Place Kendy willtoote / = 8 , 1936	Mannar of injury
19. UNDERTAKER TO Survey to Co (Address) Rundysvilly mo	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 100 - 5 1, 1936 VI Heeting Registrar. If more blanks are needed, address Shate Registrar.	(Signed)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11804
1. PLACE OF DEATH	79.20
County Washington	Registration Dist. No. 302
Village or City Jagustone - Toa	death occurred in a horpital or institution, age its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME James Voy Le	rusido
(a) Residence: Np. Romasbase Ma	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 21. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(monity (bay) (rear)
(or) WIFE of Surgle	22. I HEREBY CERTIFY. That I attended deceased from Nov. 15, 19.6, to Nov. 17, 19.36
6. DATE OF BIRTH (month, day, and year)	I last saw h. A alive on Nov 17 19.36; death is sai
7. AGE Years Months Days If LESS than	to heve occurred on the date steted above, at2. P.:m.
14 3 12 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	acute orebro spinel mouni - nov 16
SAWYER, BODKKEEPER, etc.	getis (steptococcus)
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end	
10. Date deceased last worked at 11. Total time (years)	
this occupation (month end year)	
12. BIRTHPLACE (city or town) Martinsburg	Other Contributory Causes of Importance: Portal J. entry not deter-
(State or country) These To a fine	mined - bhotable respiratory.
13. NAME James Vine Kenne	The task of the ta
14. BIRTHPLACE (etty or town)	Name of operation
(State or country)	What test confirmed diagnosis? Culture Was there an autopsy?
15. MAIDEN NAME Margard Elizabeth Lakin	23. If death was due to external causes (VIDLENCE) fill In also the following:
16. BIRTHPLACE (city or town) J Balance	Accident, sulcide, or homicide?
(State or country) wash, Co, Ind.	Where did injury occur?
17. INFORMANT James Von Kerns (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Boursono Cuntay Dete Nov. 19. 1936	Nature of injury
19. UNDERTAKER COM. D. Boot & Jay	24. Was disease or injury in eny wey related to occupation of deceased?
(Address) Downson	If so, specify
20. FILED 15 1936 Sollar Houses Registrar.	(Signed) 4. S. Stauffer M. (Address) Hagenston Ind
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requelling V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
MIREAU Y S	1 · · · · · · · · · · · · · · · · · · ·		

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Chronic interstitial nephritis 6 1027	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
WISPAU V. S.	-			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		(31)	
County Washington	w	Registration Dist. No.	32
Village or City Hagerstown	111 W. W.	No. 805 Hamilton Blvd. St.	5 Ward
		f death occurred in a horpital or institution, give its NAME instead of street and	number)
Length of residence in city or town where death occurr		sds. How long in U. S. if of foreign birth?yrsm	osds.
2. FULL NAME Allen W. Yes		If U. S. Veteran, specify WAR	
(a) Residence: No. 805 Hamilto:		St., S Ward.	
	I place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PA		MEDICAL CERTIFICATE OF DEATH	
Male 4. COLOR OR RACE 5. SINGLE OR DIT	MARRIED, WIDOWED. ORCED: (write the word)	November 27,	, 1936 • (Year)
5a. If merried, widowed, or divorced HUSBAND of Millicent R.	Yeatts	22. I HEREBY CERTIFY, That I attended	
6. DATE OF BIRTH (month, day, end year) July 1	4, 1873	I last sew h La elive on 27, 1931	; death is sald
7. AGE Years Months Da		to have occurred on the date stated above, at 6:00A'm.	
63 4 13	3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Datisfered
8. Trede, profession, or particular kind of work done, as SPINNER, Manage SAWYER, BOOKKEEPER, etc. Manage	r	my oc as dalas	Date of onset
9. Industry or business in which work was done, as SILK MILL, Insura:	ice Office	Chronice helphore	
10. Dete deceased last worked at this occupation (month and	Total time (years) spent in this		
12. BIRTHPLACE (city or town) York Spring	occupation	Other Contributory Causes of importance:	370.
(State or country) Pa.		Ordema penys	
13. NAME Amos Yeatts			
13. NAME Amos Yeatts 14. BIRTHPLACE (city or town) Unknown		Neme of operation Dete of	
(State of country)		What test confirmed diagnosis? Was there an e	eutopsy?
15. MAIDEN NAME Mary Ann All	son	23. If deeth was due to external causes (VIOLENCE) fill in also the following	z:
15. MAIDEN NAME Mary Ann All: 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury	, 19
(State or country) Pa.		Where did injury occur? (Specify city or town, county and Stat	
17. INFORMANT Mrs. Millicent You (Address) Hagersown, Md.	eatts	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL		Menner of Injury	
Place Hagers town, Md Date No	1V. 29, 1936.	Nature of injury	
19. UNDERTAKER Fred W. Kraiss, (Address) Hagerstown, Md.		24. Was disease or injury in any way related to occupation of deceased?	
20. FILED / -27-, 1935 lokos	Attorion Registrar.	(Signed) Address Address Address	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis DEC 7 1888	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFAU V. S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year